

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Ada F. Appoler</i>		Town <i>Cumtola</i>		County <i>Allegheny</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
<i>1906</i>		<i>Dec 29</i>		<i>33</i>		<i>8 23</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Occupation <i>Wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Husband <i>Samuel Q. Appoler</i>					
Father's Name <i>Jacob Hape</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Sophia - (decd)</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Samuel Appoler</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

How long

How long

Signature of Physician

Address

LOUIS STEIN



Name

in Full

CERTIFICATE OF DEATH

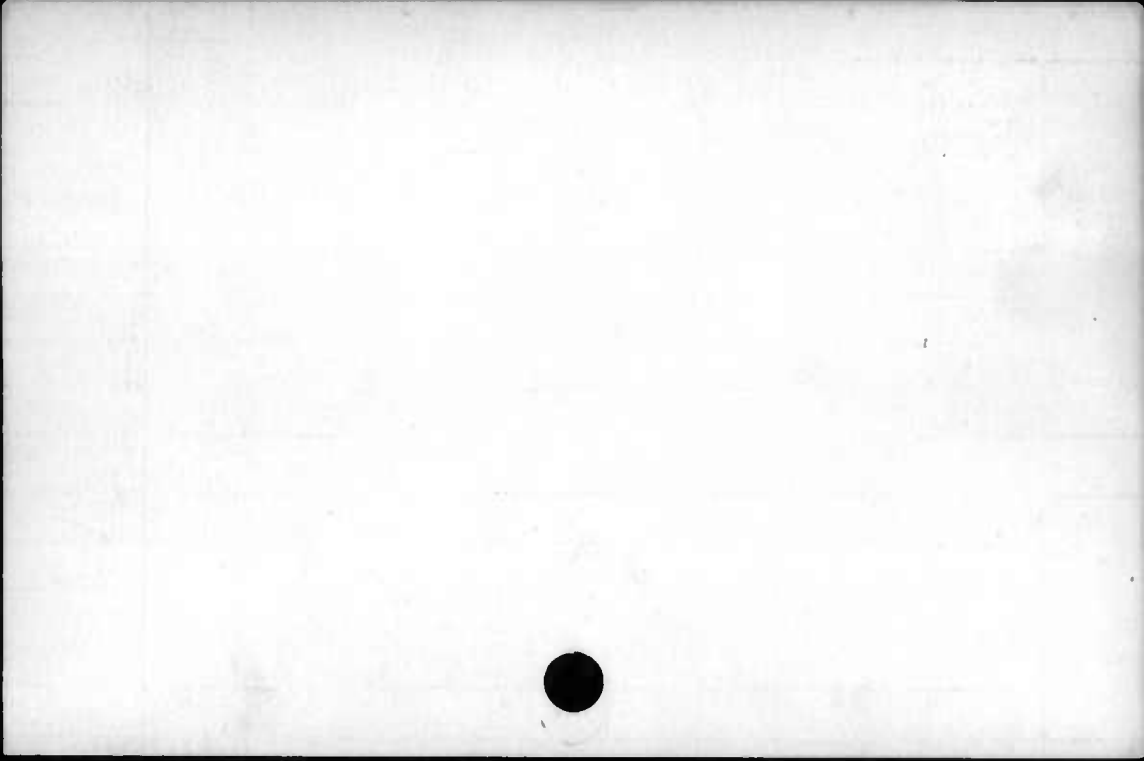
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Moscow Mills</i>		Town <i>Mills</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>1</i>	Age <i>43</i>	Years <i>8</i>	Months <i>16</i>	Days <i>16</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Rawlins Station</i>				
Occupation <i>Engineer</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Fannie Hopwood</i>					
Father's Name <i>John Barnard</i>		Father's Birthplace <i>Garrett Co</i>					
Mother's Maiden Name <i>Susan Ginn</i>		Mother's Birthplace <i>Baltimore Co.</i>					
Name of person giving information <i>Mr Barnard</i>		(178)		How related to deceased <i>wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>not sick at all</i>	How long	<i>—</i>
Immediate	<i>Heart failure (probably) full dead</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James O. Bullock</i>	
		Address <i>Lonaconing Md.</i>	
Accident or Suicide? <i>no -</i>			



Name
in
Full

CERTIFICATE OF DEATH

Hiranga May Bree

Died at Chesapeake Town

County

MARYLAND

Date of death 1906 Month DecDay 2Age accompany yearsMonths 11

Days

Sex FemaleColor or
RaceWhiteBirth-
placeWVA

Occupation

NoneWhere Residing if not
at place of deathMarried, Single
or WidowedSingleName of Wife or
HusbandFather's
NameEmmanuel BreeFather's
BirthplaceUnknownMother's
Maiden NameOliver WelfordMother's
BirthplaceChesapeakeName of person giving
InformationH. WellsHow related
to deceased

CAUSES OF DEATH

Primary

Myocardium

How long

but 1 hr

Immediate

—

How long

—Are the name, age, sex, color, date
and place correctly given above?yesSignature of
PhysicianW. W. Wiley

Address

Chesapeake, WVA

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

STATE OF TEXAS



Name
in
Full

Herbert Roosevelt Biddle

CERTIFICATE OF DEATH

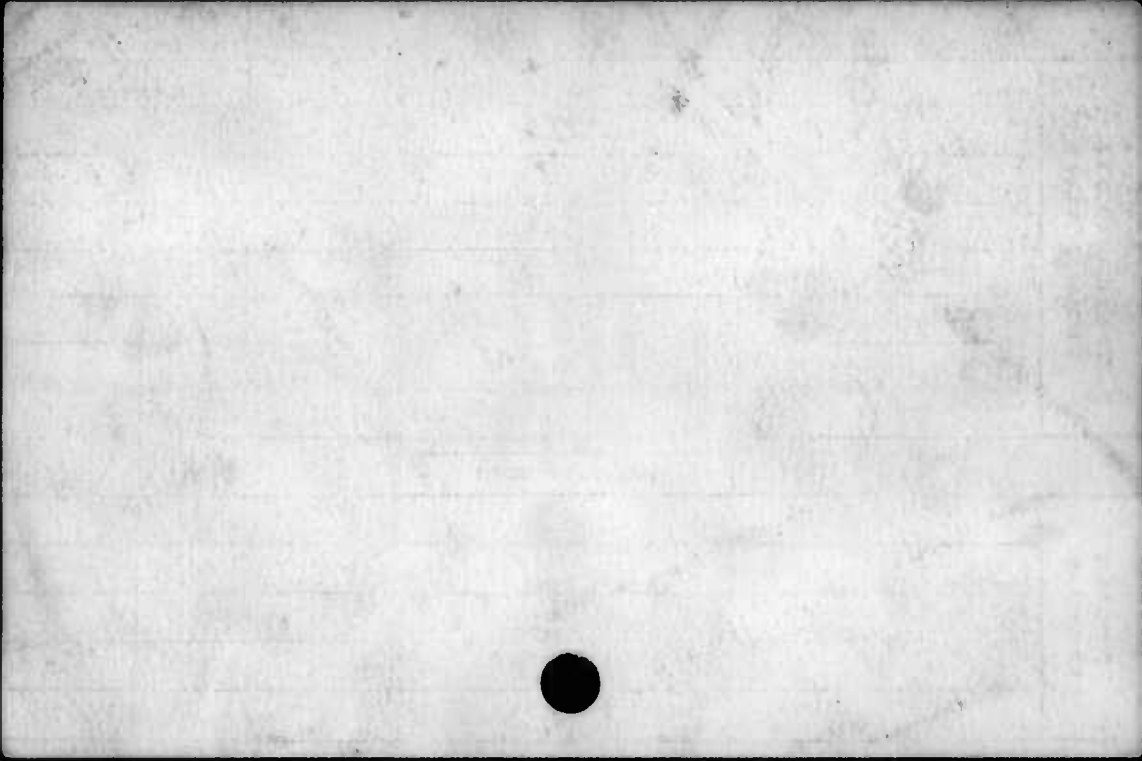
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westport</u>		County <u>Allegheny</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>1st</u>	Age <u>5</u>	Years <u>9</u>	Months <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Westport Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Henry Biddle</u>			Father's Birthplace <u>Westport</u>		
Mother's Maiden Name <u>Larry Jane Biddle</u>			Mother's Birthplace <u>Westport</u>		
Name of person giving information <u>Father</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Slip</u>	How long <u>54 hours</u>
Immediate <u>Heart failure</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>P. L. H. Allen</u>
	Address <u>Westport</u>
Accident or Suicide? <u>—</u>	



Name in Full		Infant- Boyer				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Lova</u>		Town		County <u>Allegany</u>		MARYLAND	
	Date of death <u>1906</u>	Month <u>June</u>	Day <u>25</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>1</u>	
	Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Lova</u>			
	Occupation <u>—</u>				Where Residing if not at place of death <u>—</u>			
	Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>					
	Father's Name <u>Thomas Boyer, Groatsburg</u>		Father's Birthplace <u>—</u>					
Mother's Maiden Name <u>Mary Jones</u>		Mother's Birthplace <u>Medlothian</u>						
Name of person giving information <u>Mary Jones</u>		How related to deceased <u>Mother</u>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <u>Prematurity (7 months)</u>		How long <u>one day</u>					
	Immediate <u>—</u>		How long <u>—</u>					
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>James A. Bullock</u>					
			Address <u>Lena Mining Marytown</u>					
Accident or Suicide? <u>no</u>								



Name
in
Full

Isabell Brailin

CERTIFICATE OF DEATH

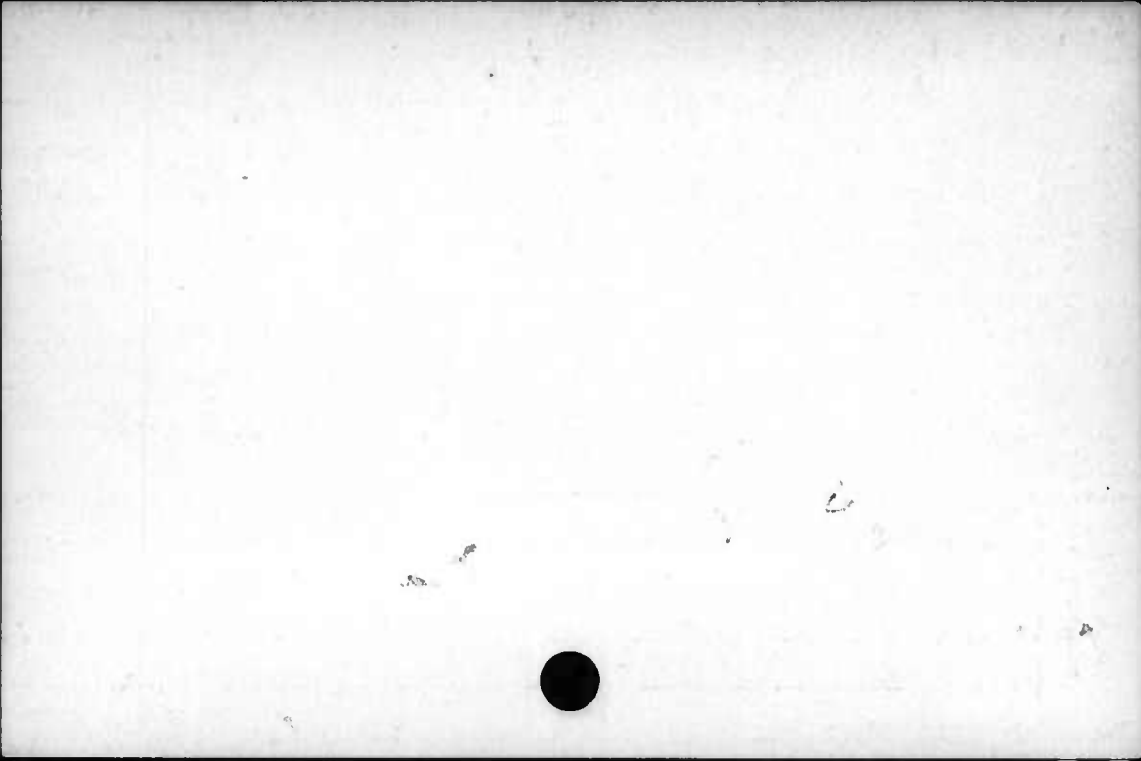
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wt-Savage</i>		County <i>Allegany</i>		MARYLAND	
Date of death 1906	Month <i>Dec</i>	Day <i>8</i>	Years <i>14</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wt-Savage Md</i>		
Married, Single or Widowed			Occupation <i>School girl</i>		
Name of Wife or Husband					
Father's Name <i>Thomas Brailin</i>			Father's Birthplace <i>Wt-S Md</i>		
Mother's Maiden Name <i>Mary Miller</i>			Mother's Birthplace <i>Wt-S Md</i>		
Name of person giving information <i>Chas Miller</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rheumatic Endocarditis</i>	How long <i>1 week</i>
Immediate <i>Doubt Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. Alay E. Murray M.D.</i>
	Address <i>Wt-Savage Md</i>
Accident or Suicide?	



Name
in
Full

Myrtle Carroll

CERTIFICATE OF DEATH

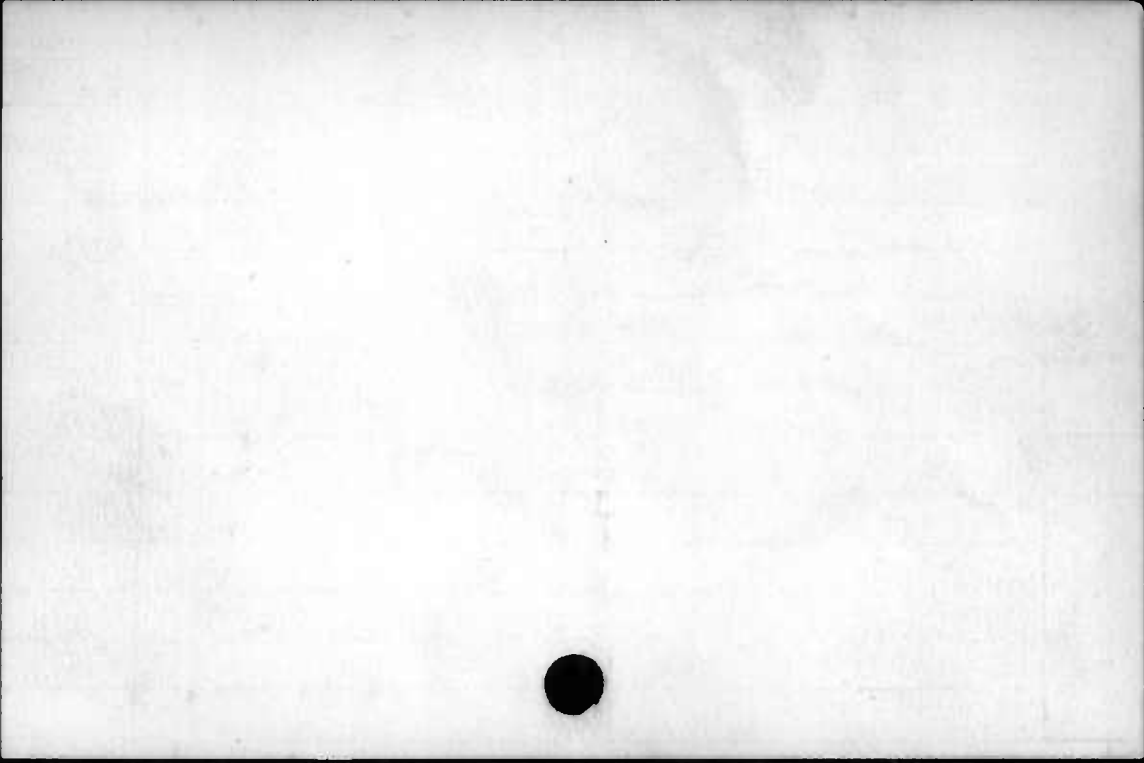
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lake</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 190 <i>6</i>		Month <i>12</i>	Day <i>31</i>	Age <i>48</i> Years	Months <i>3</i> Days <i>11</i>
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>W. Va.</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>J. P. Carroll</i>		Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Mary</i>		Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>J. P. Carroll</i>		How related to deceased <i>Frather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Syphroid fever</i>	How long <i>about 5 wks</i>
Immediate <i>Heart failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Kallan</i>
	Address <i>Bedford</i>
Accident or Suicide? <i>—</i>	<i>W. Va.</i>



Name
in
Full

CERTIFICATE OF DEATH

Oscar Carey

Town

County

MARYLAND

Died at

Date

of death 1906

Month

Dec

Day

23

Age

Years

5

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

James Carey

Father's
Birthplace

Md

Mother's
Maiden Name

Rosa Clapp

Mother's
Birthplace

Md

Name of person giving
In formation

Rosa Carey

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Tuberculosis

How long

6 mo.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. A. Leo. Franklyn

Address

Cumberland
Md

LOUIS STEIN,

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Independent.

Name
in
Full

Infant Cleggitt
Town Chubb County Allegany

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1906	Month	Dec	Day	24	Age	Years
Sex	male		Color or Race	Colored		Birth-place	Chubb
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Wm Ellsworth Cleggitt					Father's Birthplace	Ind
Mother's Maiden Name	Mary Ellen Bailey					Mother's Birthplace	Ind
Name of person giving information	Wm Cleggitt					How related to deceased	father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stillborn	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. S. Sparks
		Address	Chubbland Md.
Accident or Suicide?		LOUIS STEIN.	

Wednesday Mom
10 P.M.
Summer Cemetery

775-246

Name
In
Full

CERTIFICATE OF DEATH

Mary E. Cline

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u> ^{Town}		<u>Alley</u> ^{County}		MARYLAND	
Date of death	1906	Month	Dec	Day	26
Age	60	Years		Months	5
Sex	F	Color or Race	W	Birth-place	Scotland
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband <u>Alfred Cline</u>		
Father's Name	<u>John Dudley</u>		Father's Birthplace <u>England</u>		
Mother's Maiden Name	<u>Isabella McFarland</u>		Mother's Birthplace <u>Scotland</u>		
Name of person giving information	<u>Alfred Cline</u>		How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cerebral Septum</u>	How long	<u>1 1/2 yrs</u>
Immediate	<u>Supr. Pneumonia</u>	How long	<u>one week</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. H. Haffels</u>	
		Address <u>Frederick Md</u>	
Accident or Suicide?			



Name
in
Full

Samuel S. Crawford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumt-d Town Allegheny County MARYLAND

Date of death 1906 Month Dec Day 13 Age 39 Years Months Days

Sex Male Color or Race White Birthplace W. Va

Occupation conductor Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Hattie

Father's Name Samuel S. Crawford Father's Birthplace Winchester Va

Mother's Maiden Name Mary Chapman Mother's Birthplace Va

Name of person giving in formation Harry Houshew How related to deceased Cousin

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

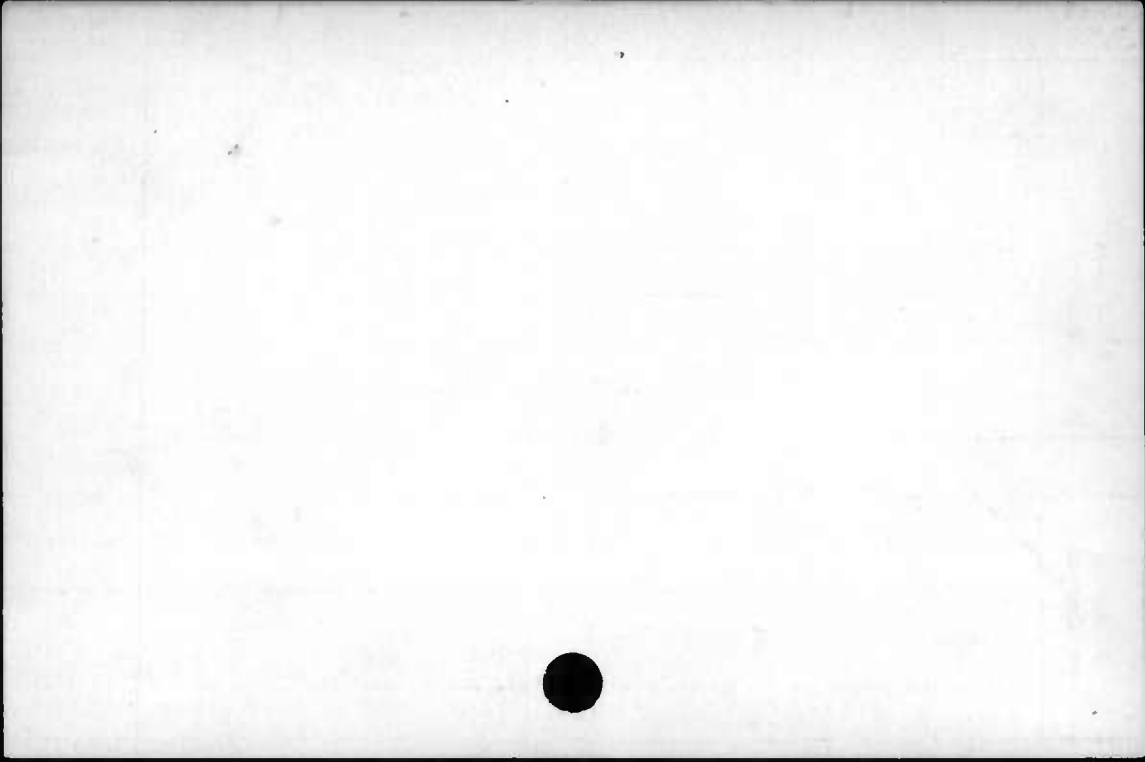
Address

W R Ford

S. Crawford

LOUIS STEIN.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

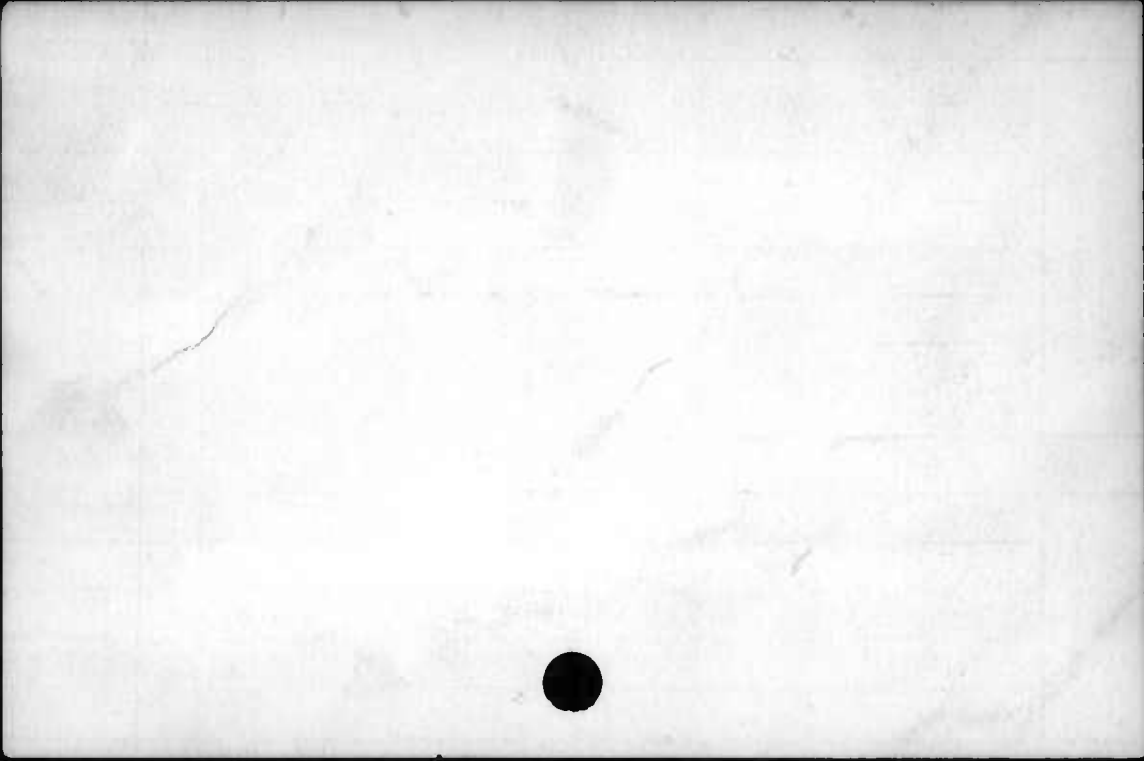
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westernport</i>		Town <i>Allegany</i>		County <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>12</i>	Day <i>5</i>	Age <i>1</i>	Years <i>6</i>	Months <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Waynes</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Harry M. Dawson</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Catherine M. Rager</i>			Mother's Birthplace <i>MD.</i>		
Name of person giving information <i>Mrs. Helen Rager</i>			How related to deceased <i>9. Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spasmodic Crook</i>	How long <i>3 days</i>
Immediate <i>Suffocation</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Bedmont</i>
Accident or Suicide? <i>No.</i>	



Name

in
Full

CERTIFICATE OF DEATH

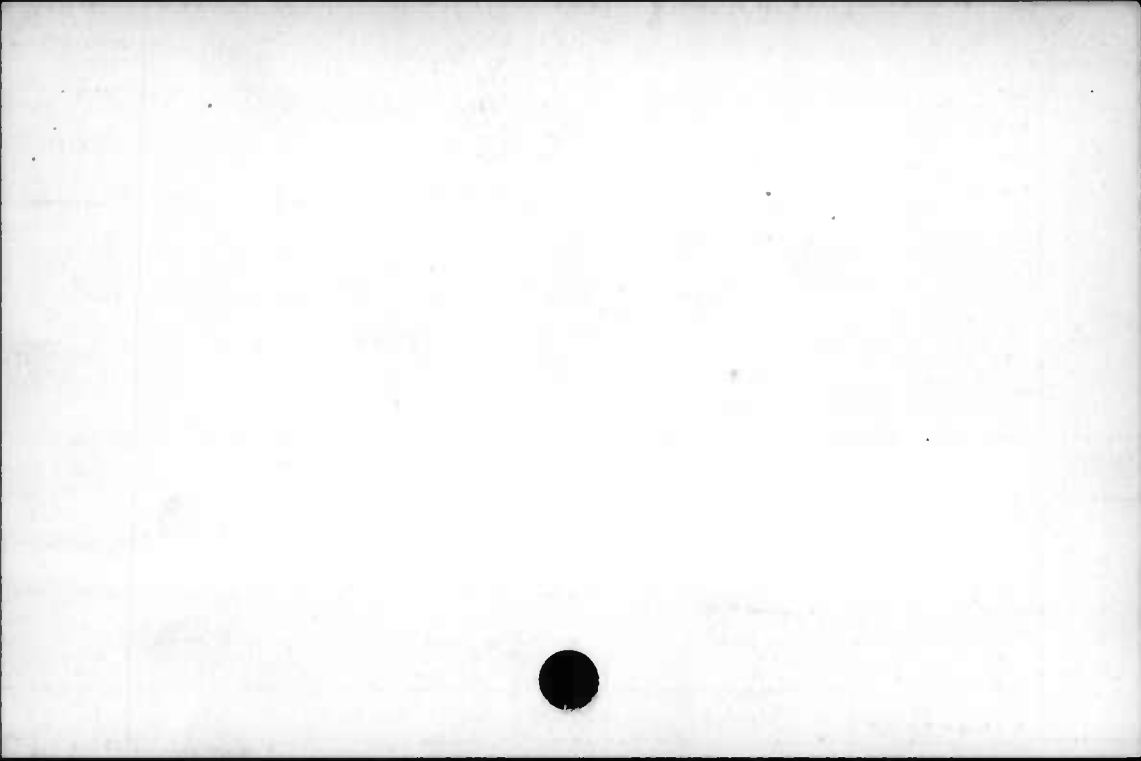
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westport</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death	1906	Month	Dec	Day	1
Age	17	Years	8	Months	-
Sex	Female	Color or Race	White	Birth-place	Baltimore Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <u>Nettie Dayton</u>				
Father's Name	—				Father's Birthplace
Mother's Maiden Name	<u>Nettie Dayton</u>				Mother's Birthplace <u>Baltimore Md</u>
Name of person giving information	<u>Freda Dawson</u>				How related to deceased <u>Brother-in-law</u>

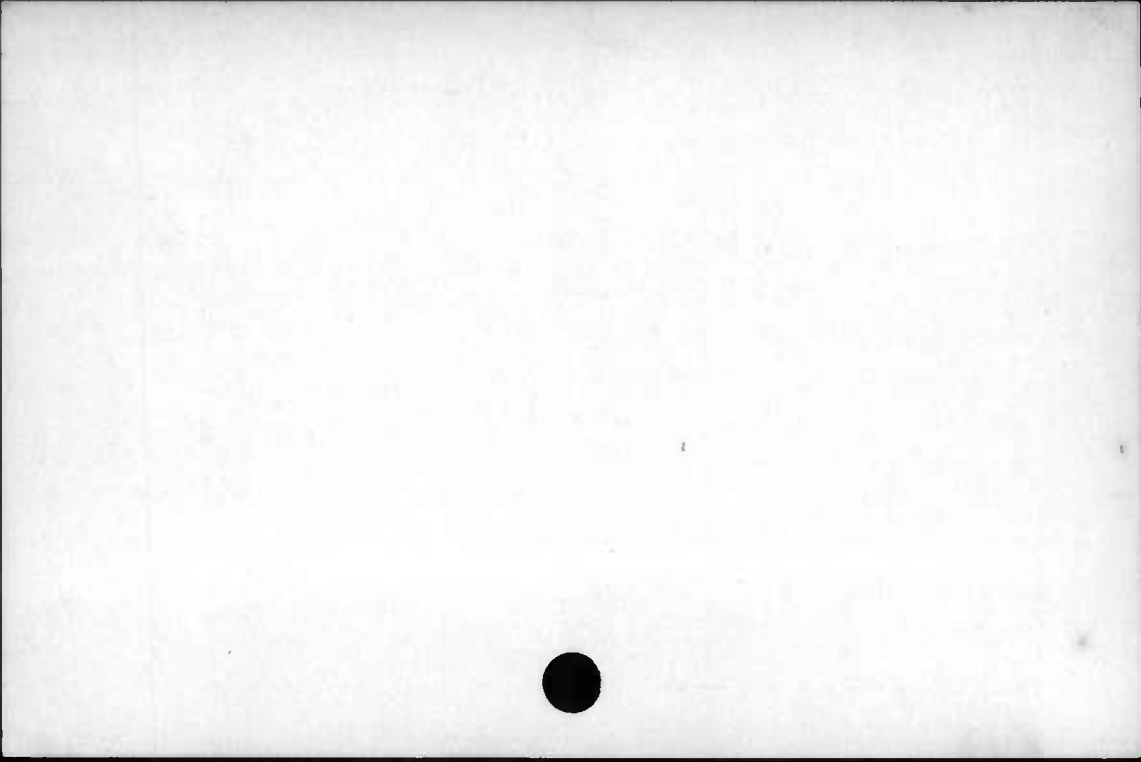
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Spasmodic cough</u>	How long	<u>4 days</u>
Immediate	<u>Heart failure</u>	How long	<u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr Keiser</u>	
Yes		Address	
Accident or Suicide?			



Name in Full		Charles Elmer Duckworth				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Barton</u> Town		County <u>Allegany</u>		MARYLAND	
		Date of death 190 <u>6</u>	Month <u>Dec</u>	Day <u>13</u>	Age Years <u>1</u>	Months <u>11</u>	Days <u>13</u>
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Alleg Co</u>	
		Married, Single or Widowed <u>L</u>			Occupation <u>L</u>		
		Name of Wife or Husband <u>L</u>					
		Father's Name <u>Charles Duckworth</u>			Father's Birthplace <u>W. Va</u>		
		Mother's Maiden Name <u>Nellie Crawford</u>			Mother's Birthplace <u>Alleg Co</u>		
Name of person giving information <u>Frank Duckworth</u>			How related to deceased <u>Uncle</u>				
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary <u>Pneumonia</u>		How long <u>10 days</u>			
		Immediate <u>L</u>		How long <u>L</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>S. A. Boncher</u>			
				Address <u>Barton Md</u>			
		Accident or Suicide?					



Name
in Full

Mary Alice Dudley

CERTIFICATE OF DEATH

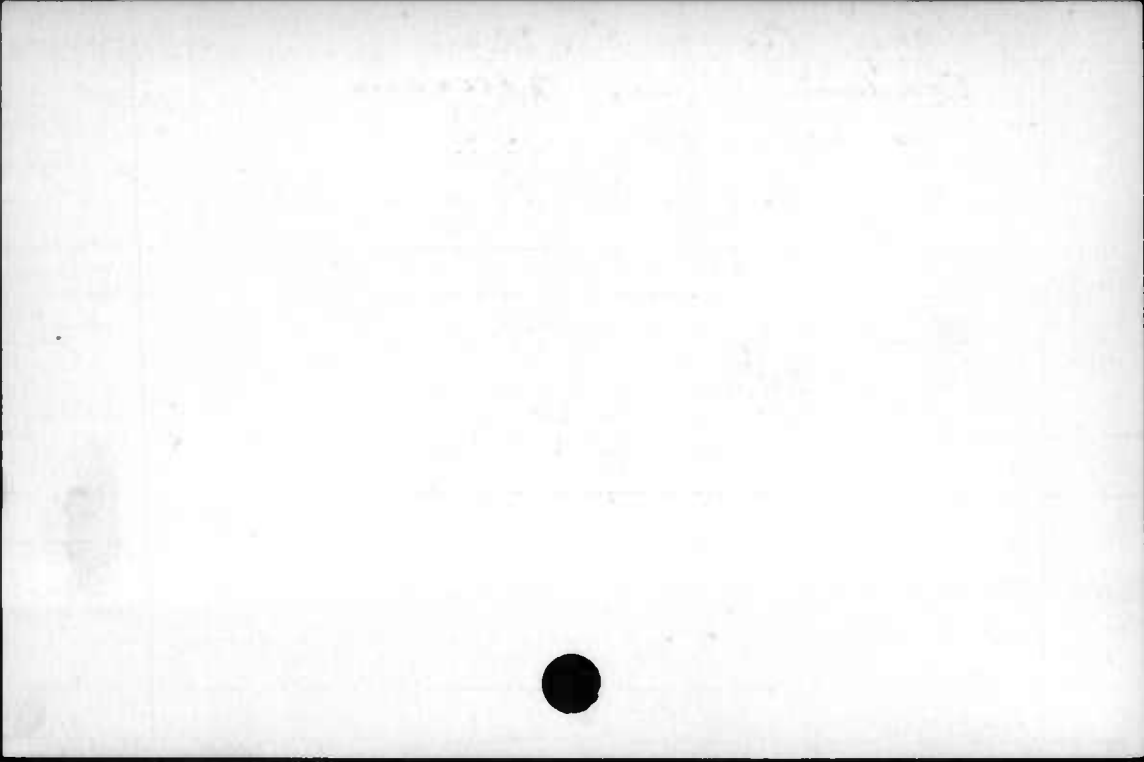
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eckhart Mines</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1906	Month	<i>Dec.</i>	Day	27
Age	<i>7</i>	Years	<i>6</i>	Months	<i>4</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Eckhart Mines</i>
Occupation	<i>-</i>	Where Residing if not at place of death	<i>-</i>	<i>-</i>	<i>-</i>
Married, Single or Widowed	<i>4</i>	Name of Wife or Husband	<i>-</i>		
Father's Name	<i>Frederick Dudley</i>			Father's Birthplace	<i>Managers</i>
Mother's Maiden Name	<i>Mary Philips</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Dr. C. C. C. C.</i>			How related to deceased	<i>-</i> <i>-</i>

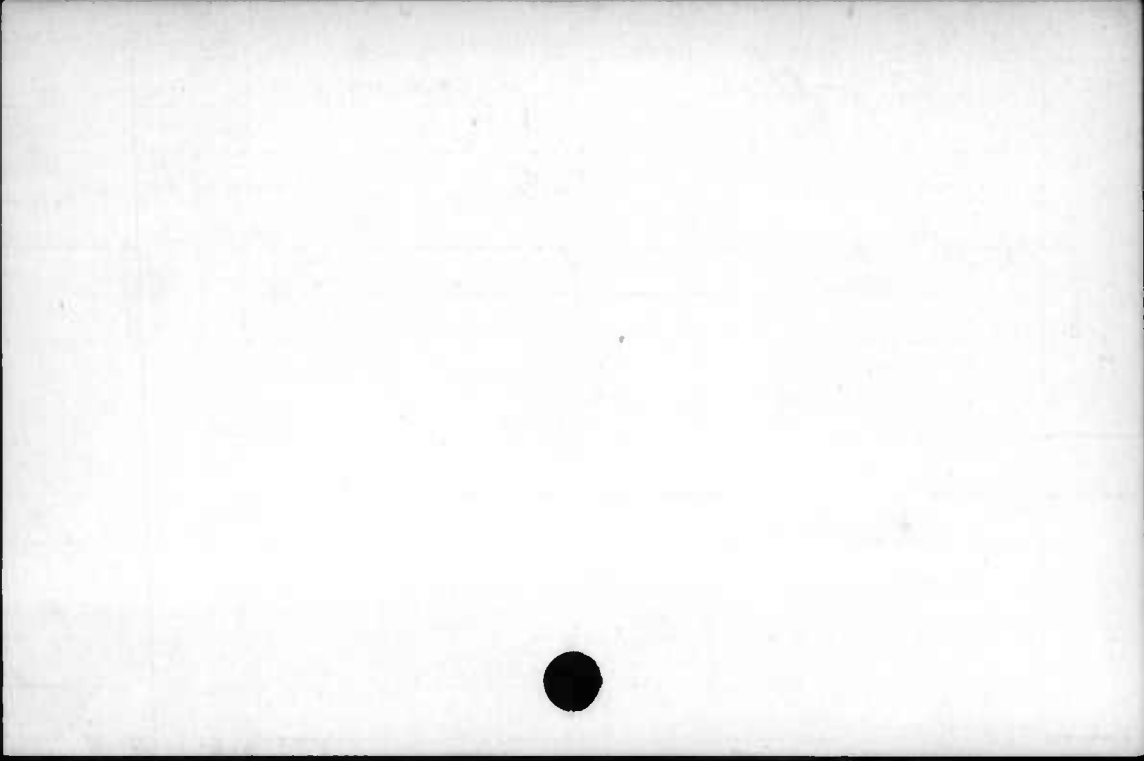
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>-</i> <i>-</i>
Immediate		How long	<i>-</i> <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>B. H. C. C. C.</i>
		Address	<i>Eckhart Mines</i>
Accident or Suicide?			<i>745</i>



Name in Full Mary Ann Eutler		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Elkhart Mines <small>Town</small> Allegheny <small>County</small>		MARYLAND
	Date of death 1906 <small>Month</small> Dec. <small>Day</small> 14 <small>Years</small> 33	Age 33	Months X Days X
	Sex Female Color or Race white	Birth-place Maryland,	
	Occupation Housewife	Where Residing if not at place of death X X X	
	Married, Single or Widowed	Name of Wife or Husband Christ. Eutler	
	Father's Name Serracher Snider	Father's Birthplace Germany	
	Mother's Maiden Name Auna	Mother's Birthplace Germany	
Name of person giving information Christ. Eutler	How related to deceased 1 husband.		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Dropsy of Pericardium	How long 5 weeks.	
	Immediate Heart failure	How long X X	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Wm E. Crumwell	
		Address Elkhart Mines	
		Thos.	
Accident or Suicide?			



Name
in
Full

Clara Elizabeth Lott

CERTIFICATE OF DEATH

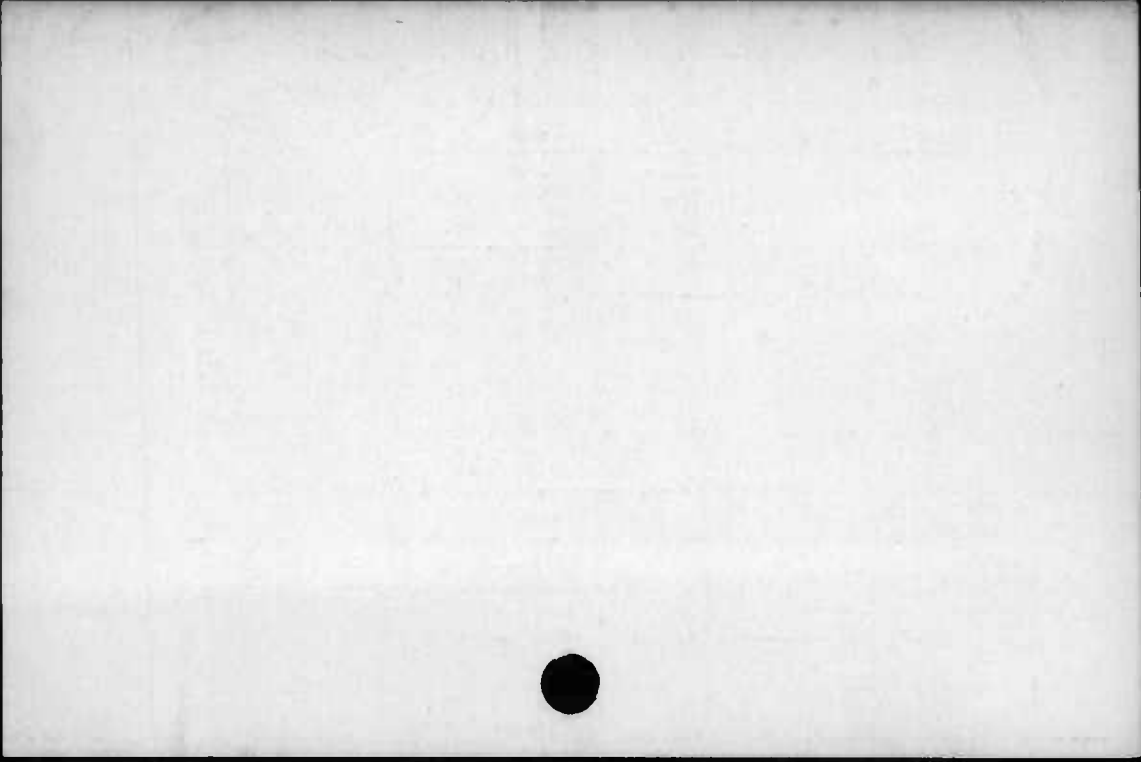
Died at <u>Mt. Sorach</u>		County <u>Allegheny</u>		MARYLAND	
Date of death	1906	Month	Dec	Day	2
Age	63	Years		Months	
Sex	Female	Color or Race	White	Birth place	Don't know
Occupation	Housewife	Where Residing if not at place of death	Same		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Charles C. Lott		
Father's Name	-		Father's Birthplace	-	
Mother's Maiden Name	-		Mother's Birthplace	-	
Name of person giving information	J. H. Harris		How related to deceased	Son-in-law	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Lace stones	How long	69 years
Immediate	Cardiac syncope	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Edward Duquesne M.D.
		Address	Mt. Sorach, Md.
Accident or Suicide? _____			

PHYSICIAN
OR CORONER



Name
in
Full

Wm. Gary

CERTIFICATE OF DEATH

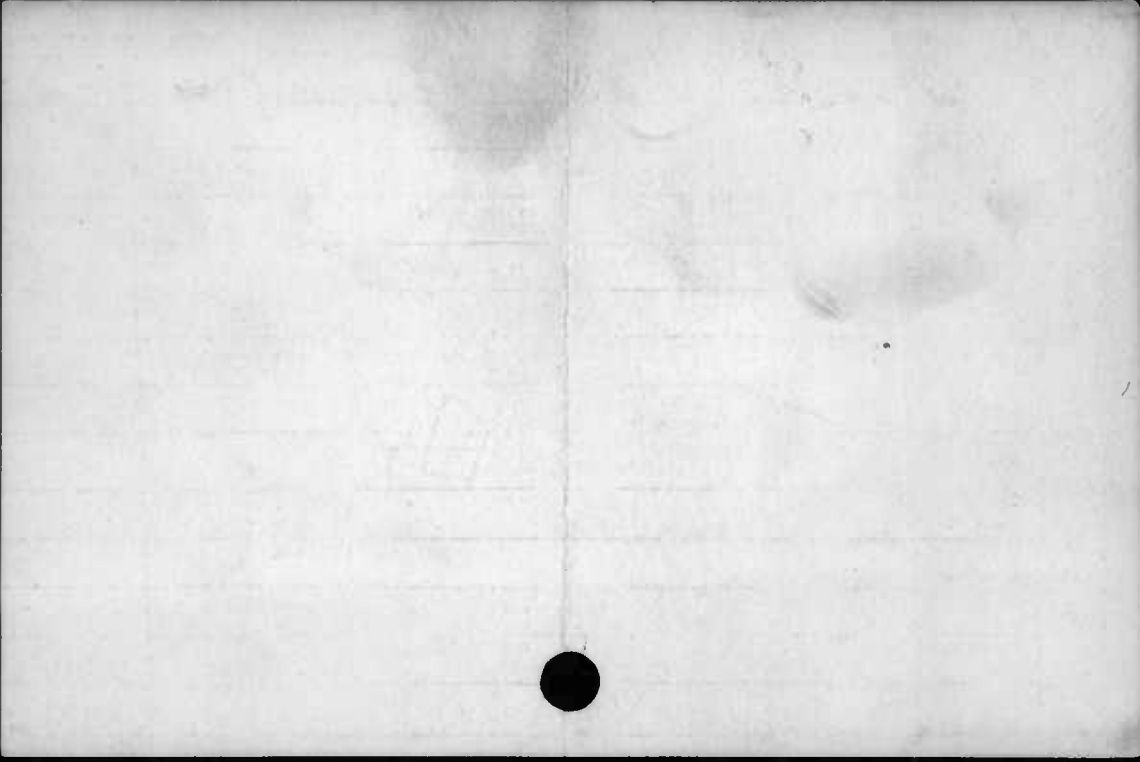
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Eckhart</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Date of death	Month	Day	Years	Months	Days
<i>1906</i>	<i>Dec</i>	<i>25</i>	<i>38 or 39</i>		
Sex <i>Male</i>	Color or Race		Birth-place		
Occupation <i>Coal Miner</i>			Where Residing if not at place of death <i>Allegheny mine</i>		
Married, Single or Widowed <i>M.</i>	Name of Wife or Husband <i>can't obtain</i>				
Father's Name <i>don't know</i>	Father's Birthplace <i>don't know</i>				
Mother's Maiden Name <i>don't know</i>	Mother's Birthplace <i>don't know</i>				
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>found in Road from head</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>J. H. Maiz</i>
		Address <i>Cumberland Md</i>
Accident or Suicide?		



Name
in
Full

Mary F. Griffith

CERTIFICATE OF DEATH

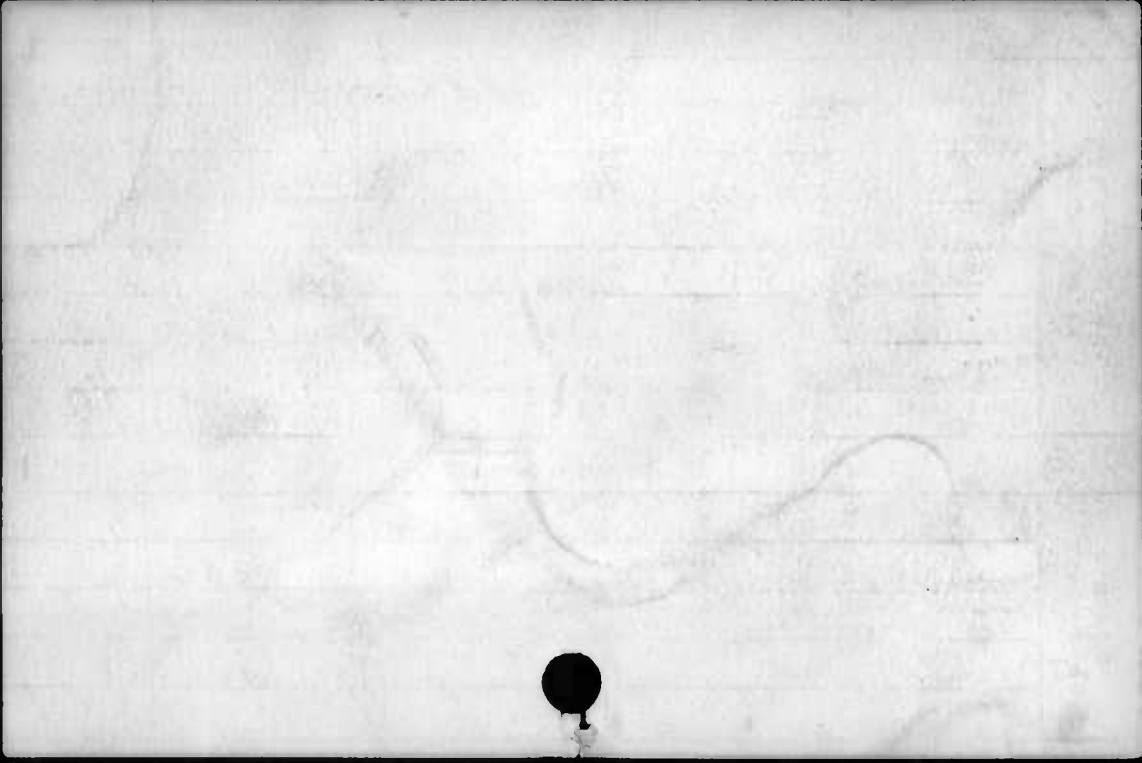
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Luke</u> Town		County <u>allegany</u>		MARYLAND	
Date of death	1906	Month	12	Day	29
Age		Years	89	Months	6
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Remm.</u>	
Occupation <u>sewer</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Widowed</u>		Name of W Husband <u>Taylor. Griffith</u>			
Father's Name <u>J. Isaac</u>		Father's Birthplace <u>Virginia</u>			
Mother's Maiden Name <u>Anna Ridd</u>		Mother's Birthplace <u>Virginia</u>			
Name of person giving information <u>B. Griffith</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>General debility - 95</u>	How long	<u>—</u>
Immediate	<u>Congestion of lungs</u>	How long	<u>Two Days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>D. J. Long</u>	
		Address <u>Piedmont</u>	
Accident or Suicide? <u>No</u>			



Name in Full George. Gross.		County Accagey		CERTIFICATE OF DEATH	
Died at Cumberland		County Accagey		MARYLAND	
Date of death 1906	Month Dec	Day 3	Age 33	Months 3	Days
Sex male	Color or Race White		Birth-place Cumberland		
Occupation Tailor		Where Residing if not at place of death -			
Married, Single or Widowed married		Name of Wife or Husband Eva			
Father's Name Andrew Gross		Father's Birthplace Germany			
Mother's Maiden Name Mary Brooks.		Mother's Birthplace Germany			
Name of person giving information Eva Gross.		How related to deceased Wife			

CAUSES OF DEATH	
Primary Locomotor Stax	How long 2 yrs
Immediate Exhaustion	How long 3 wks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. J. Turgis
Address LOUIS STEIN.	Address Cumberland, Md.
Accident or Suicide? -	



Name
in
Full

CERTIFICATE OF DEATH

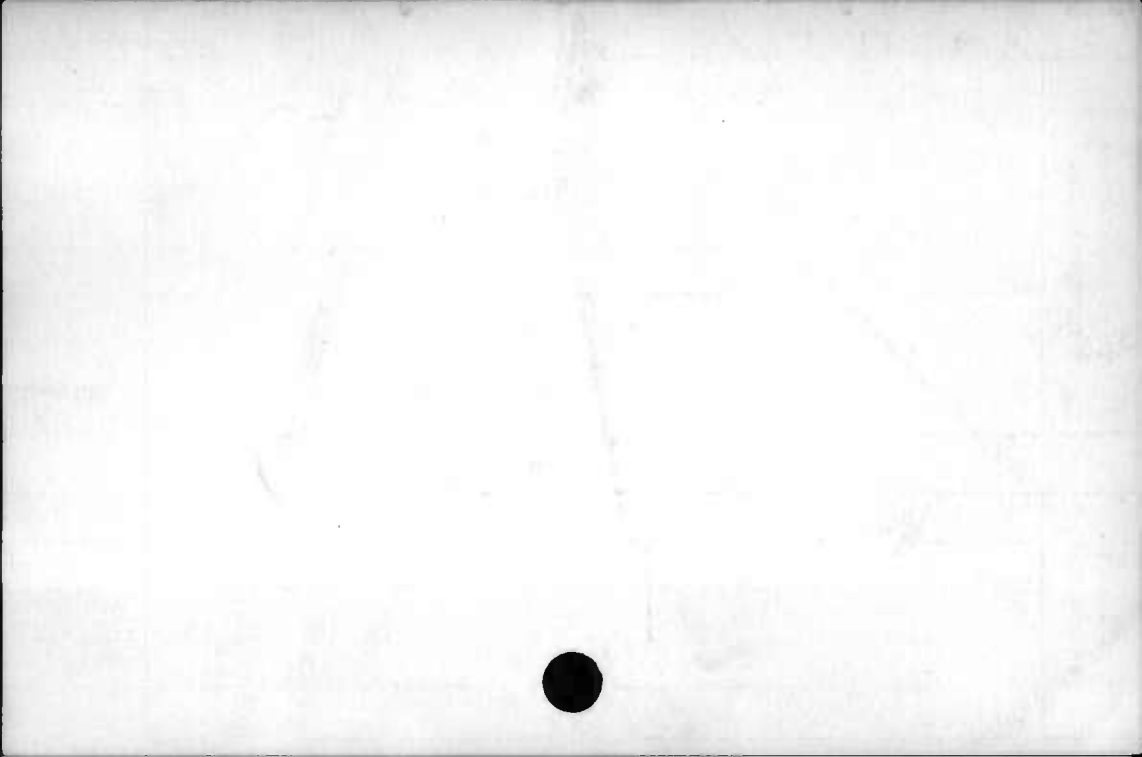
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rose Ann B. Burley</i>		Town <i>Gap Haven</i>		County <i>Alleghany</i>		MARYLAND	
Died at		Date of death <i>1906 Dec 3</i>		Age <i>63</i>		Months <i>11</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Alleghany Co</i>			
Occupation <i>Wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife Husband <i>L F Burley</i>					
Father's Name <i>William Grant</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Julia S. Brown</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>L F. Burley</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 wk</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Dr. W. R. Hodges</i>
LOUIS STEIN,	Address <i>Cumberland Md</i>
Accident or Suicide?	



Name in Full		Certificate of Death			
William Hager		MARYLAND			
Died at <i>Borden Mines</i>		County <i>Allegheny</i>			
Date of death <i>1906</i>	Month <i>12</i>	Day <i>29</i>	Age <i>17</i>	Months <i>9</i>	Days <i>24</i>
Sex <i>M.</i>	Color or Race <i>N.</i>		Birth-place <i>Md.</i>		
Occupation <i>Miner</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Chas Hager.</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Minnie Brode.</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Chas Hager.</i>			How related to deceased <i>Father</i>		
CAUSES OF DEATH					
Primary		<i>101</i>		How long	
Immediate <i>Abscess on brain</i>		<i>Meningitis</i>		How long <i>About 1 wk.</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. W. M. Lane</i>			
		Address <i>Frostburg Md.</i>			
Accident or Suicide?					

Is Mr

Alleyman, coming -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Harvey

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date

of death 1906

Month

Dec

Day

19

Age

Years

-

Months

-

Days

-

Sex

Female

Color or
Race

White

Birth-
place

Cumberland

Occupation

-

Where Residing if not
at place of death

-

Married, Single
or Widowed

-

Name of Wife or
Husband

-

Father's
Name

James Harvey

Father's
Birthplace

W. Va

Mother's
Maiden Name

Pearle Sutton

Mother's
Birthplace

Cumbd

Name of person giving
In formation

James Harvey

How related
to deceased

Father

CAUSES OF DEATH

Primary

Stillborn

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. F. R. Baskdoll

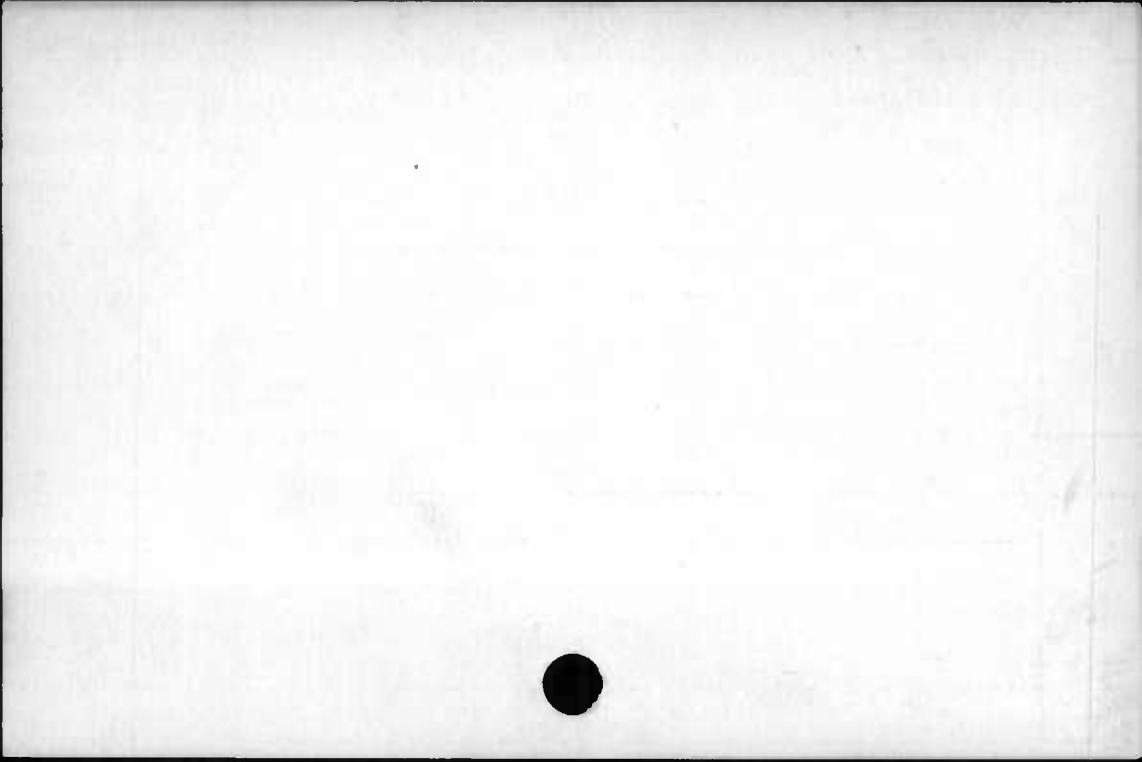
Address

Do. Cumberland
Md.

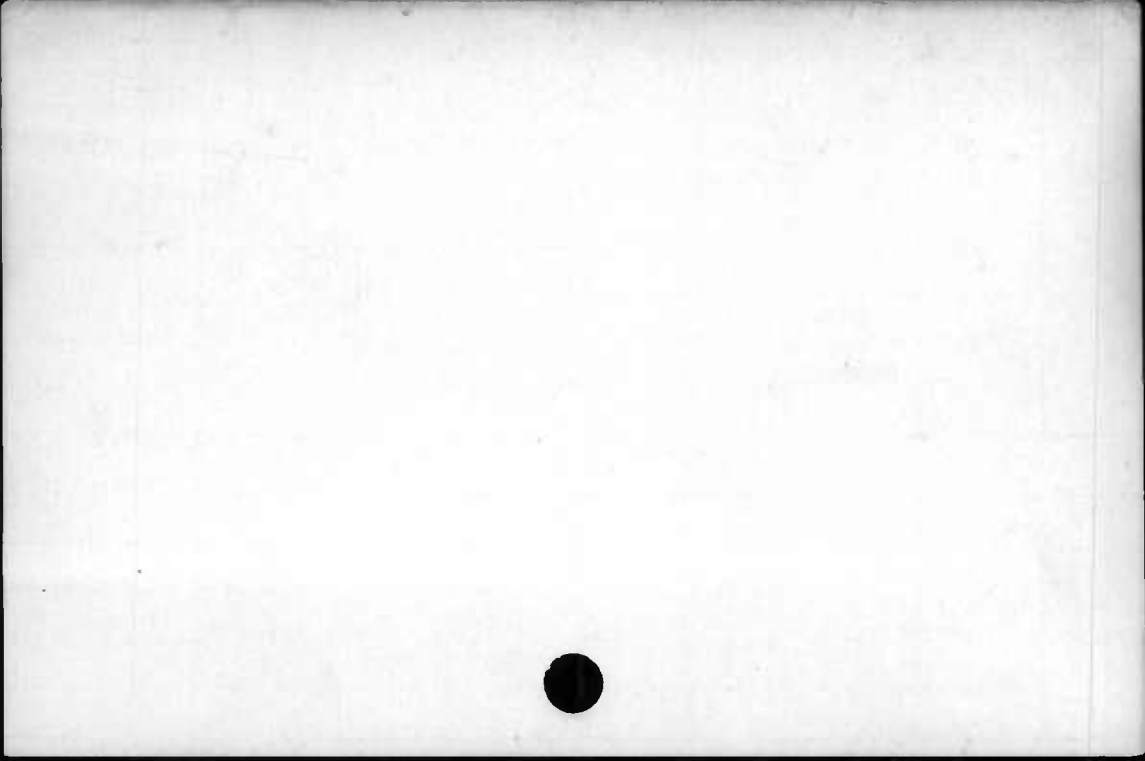
LOUIS STEIN.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full Edna Heron		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Cumberland Town		County Allegany
	Date of death 1906 Dec 2nd		Age — Years
	Sex Female		Color or Race white
	Occupation —		Birth-place Cumberland Md
	Married, Single or Widowed —		Where Residing if not at place of death —
	Father's Name John D Heron		Father's Birthplace Md
	Mother's Maiden Name Carrie N Simmons		Mother's Birthplace W. Va.
Name of person giving information J D Heron		How related to deceased Father	
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>			
PHYSICIAN OR CORONER	Primary Broncho Pneumonia & Enteritis		How long One wk
	Immediate Bacilar Meningitis		How long 3 days
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Dr. Broadway & Decker
			Address Cumberland Md.
	Accident or Suicide? —		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Valle Summit</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Dec</i>	Day <i>7</i>	Age <i>35</i> ^{Years}	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Valle Summit</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>RR Engineer</i>		
Name of Wife or Husband _____					
Father's Name <i>Patrick Higgins</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Margaret Powers</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>P. J. Higgins</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

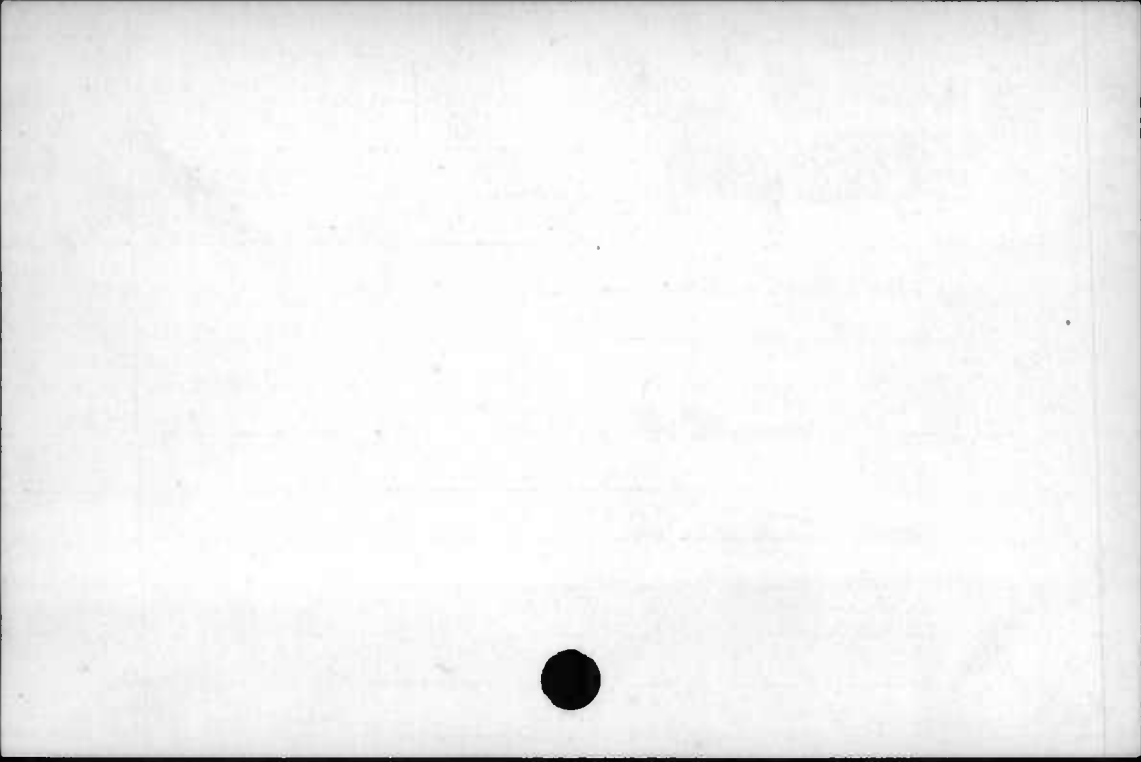
Primary <i>Diabetes</i>	How long <i>2 Months</i>
Immediate <i>Valvular Heart Disease</i>	How long <i>2 Mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Smith</i>
	Address <i>Midland Md</i>
Accident or Suicide? _____	

60 M

Catholic County —

Forney —

Name in Full		Margaret Ann Hunter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Frostburg		County Allegany		MARYLAND	
	Date of death	1906	Month 12	Day 21	Age Years 43	Months 5	Days 0
	Sex	F.		Color or Race W.		Birth-place Md.	
	Occupation	H. H.			Where Residing If not at place of death		
	Married, Single or Widowed	Married		Name of Wife or Husband			
	Father's Name	William Logedon.				Father's Birthplace Md.	
	Mother's Maiden Name	Louisa Logedon				Mother's Birthplace Md.	
Name of person giving information	George Hunter				How related to deceased Husband		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(112)</div>							
PHYSICIAN OR CORONER	Primary	Hypertrophic Curvature				How long 4 months	
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician Dr. H. M. Lane	
						Address Frostburg Md.	
Accident or Suicide?							



Name

in
Full

CERTIFICATE OF DEATH

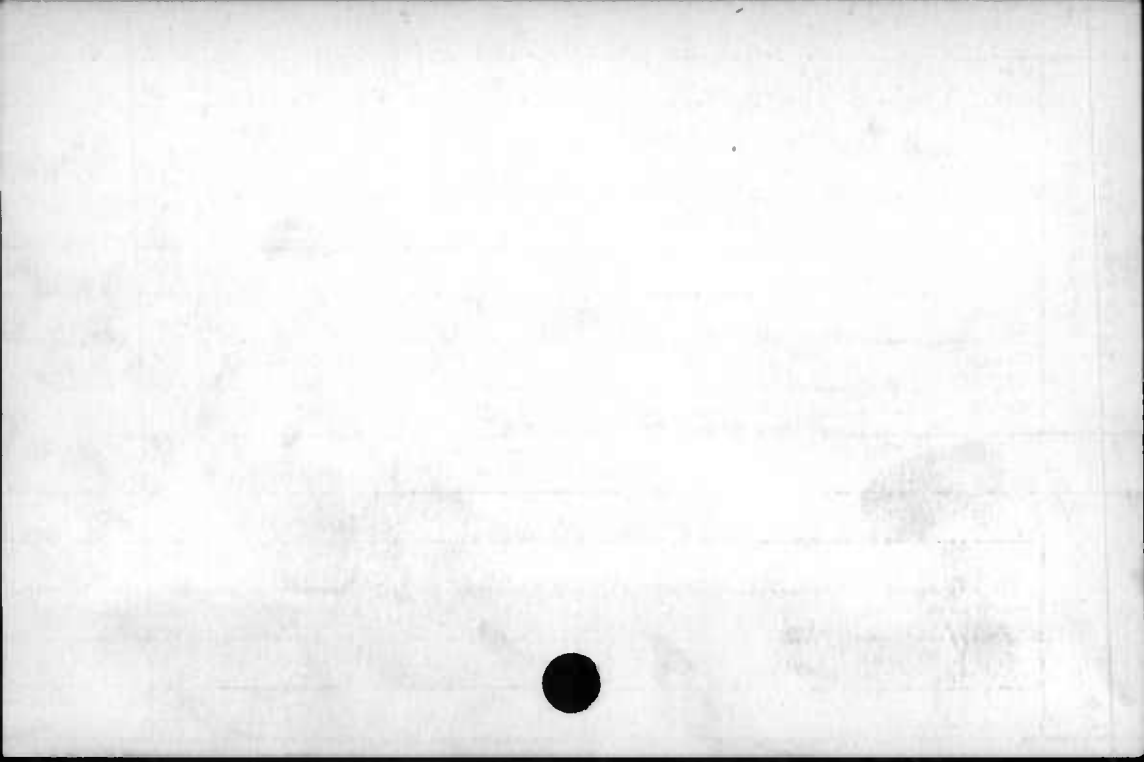
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camden</i>		Town <i>Hutt</i>		County <i>Weymouth</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>12th</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>18</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Camden MD</i>				
Occupation <i>chess</i>	Where Residing if not at place of death <i>Camden MD</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>Joseph H. Hutt</i>	Father's Birthplace <i>England</i>						
Mother's Maiden Name <i>Rose Campbell</i>	Mother's Birthplace <i>England</i>						
Name of person giving information <i>Joseph H. Hutt</i>	How related to deceased <i>father</i>						

CAUSES OF DEATH

Primary <i>bad Throat</i>	How long <i>—</i>
Immediate <i>consequences (I think)</i>	How long <i>half hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Hutt</i>
	Address <i>Camden MD</i>
Accident or Suicide? <i>—</i>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Month

Day

Age

Years

Months

Days

Sex
OccupationColor or
RaceBirth-
placeWhere Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

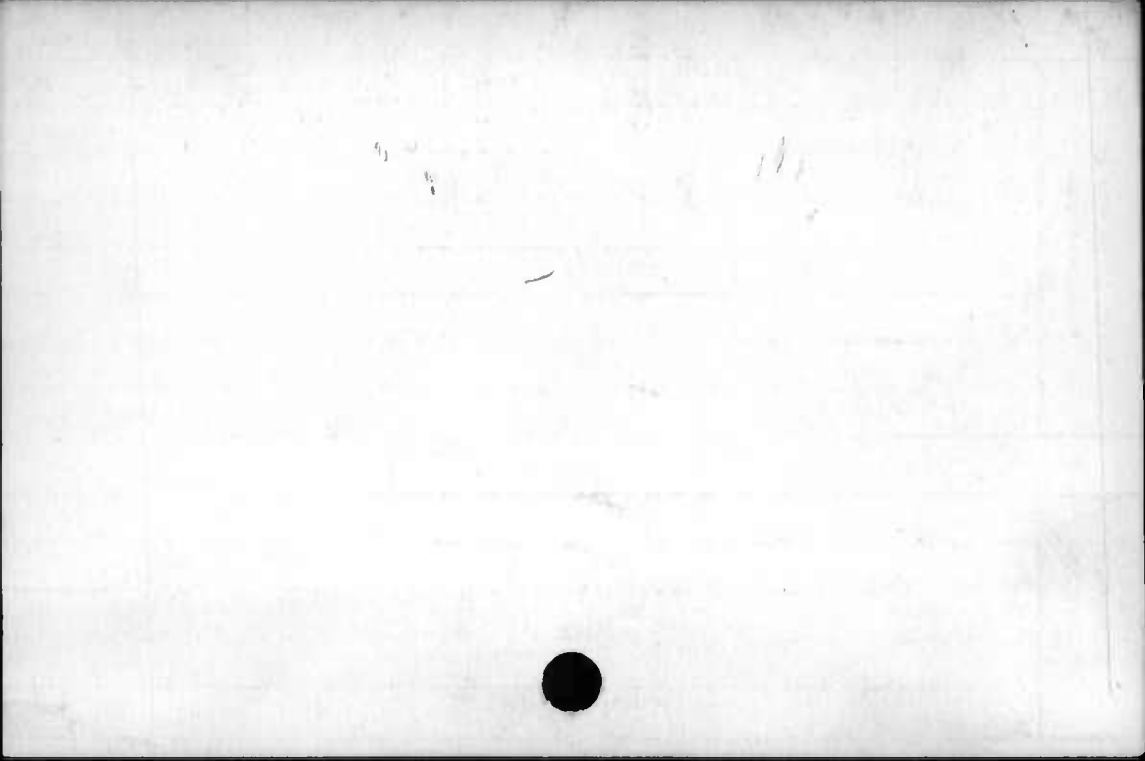
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

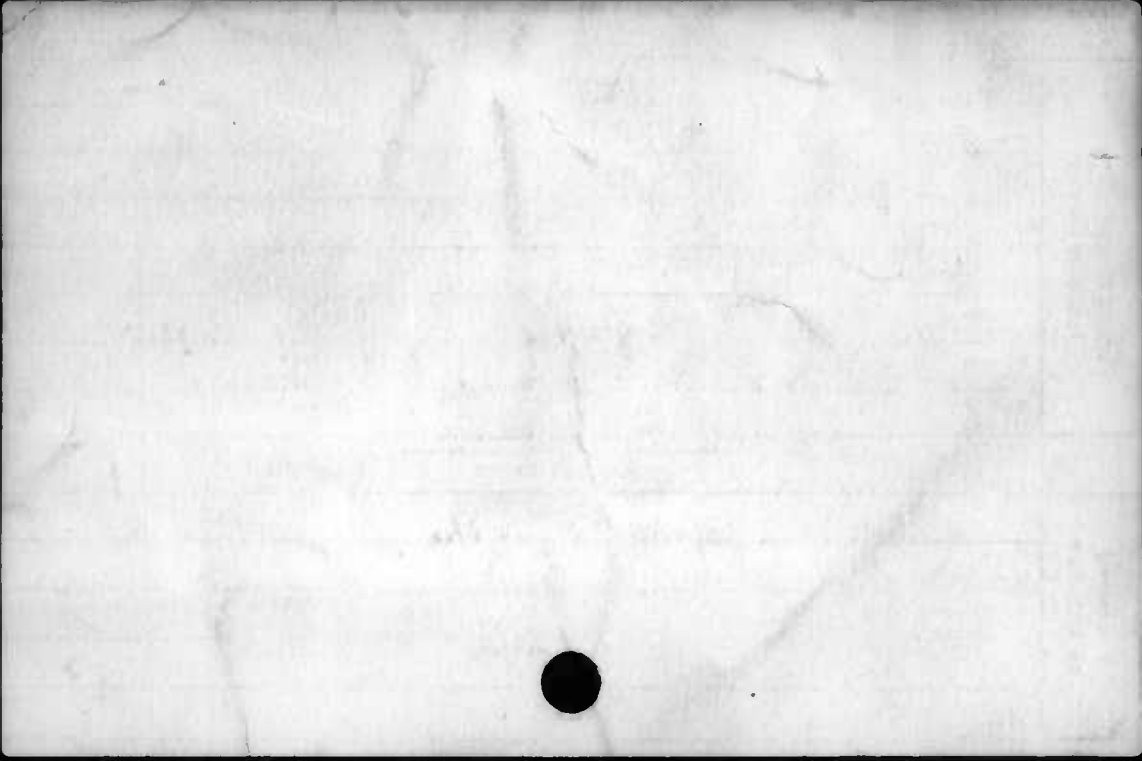
TO BE ANSWERED BY
NEAREST FRIEND

Infant Bessie Jones		Cumberland		County Allegany,		MARYLAND	
Died at		Town		County			
Date of death		Month		Day		Age	
1906		Dec.		11		Years	
Sex		Color or Race		Birth-place			
Female		Colored		Md			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Albert Brown		Md					
Mother's Maiden Name		Mother's Birthplace					
Bessie James		Md					
Name of person giving information		How related to deceased					
Bessie James		Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Still-born		—	
Immediate		How long	
Natural Causes		—	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Sydney Gant		G. H. M. auz coroner	
Address		Cumberland	
Accident or Suicide?		Mr	



Name
in
Full

CERTIFICATE OF DEATH

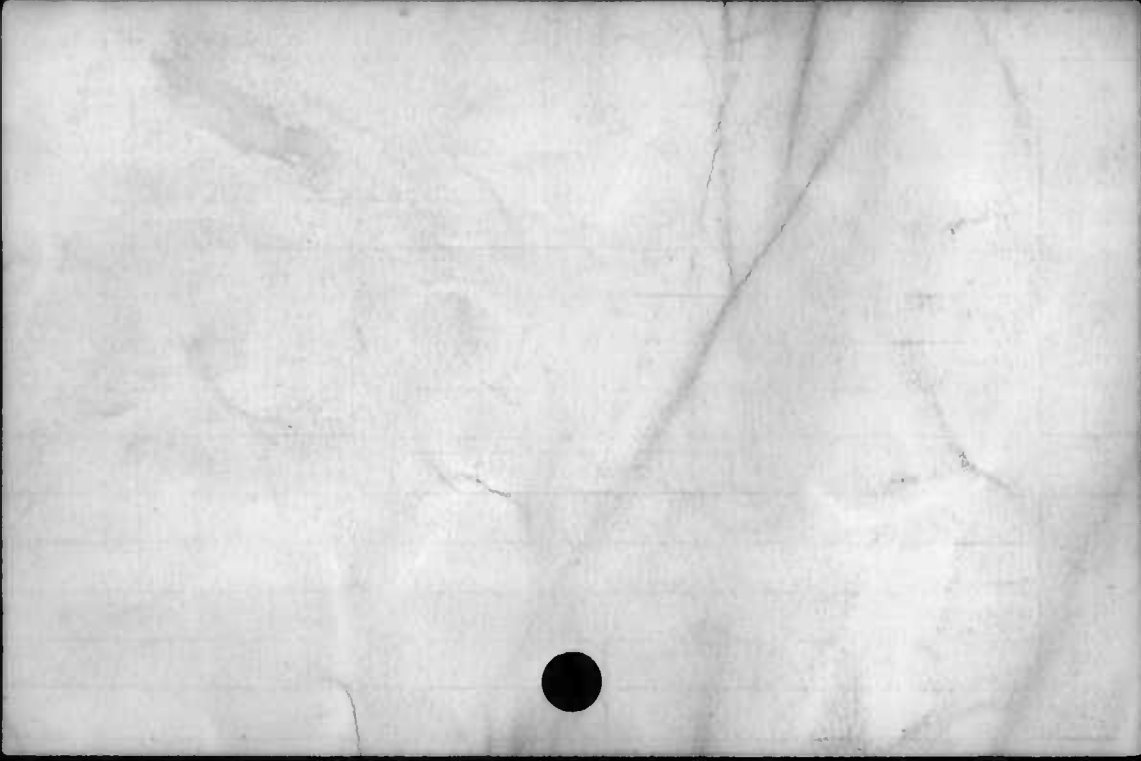
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westernport</i>		Town <i>Westernport</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>12</i>	Day <i>25</i>	Age <i>35</i>	Years <i>35</i>	Months <i>9</i>	Days <i>6</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>West Va</i>				
Occupation <i>Miner (Coal)</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Aimie Elizabeth Wilson</i>						
Father's Name <i>Nelson, Kelly</i>	Father's Birthplace <i>Unknown</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>						
Name of person giving information <i>Aimie E Kelly</i>	How related to deceased <i>Wife</i>						

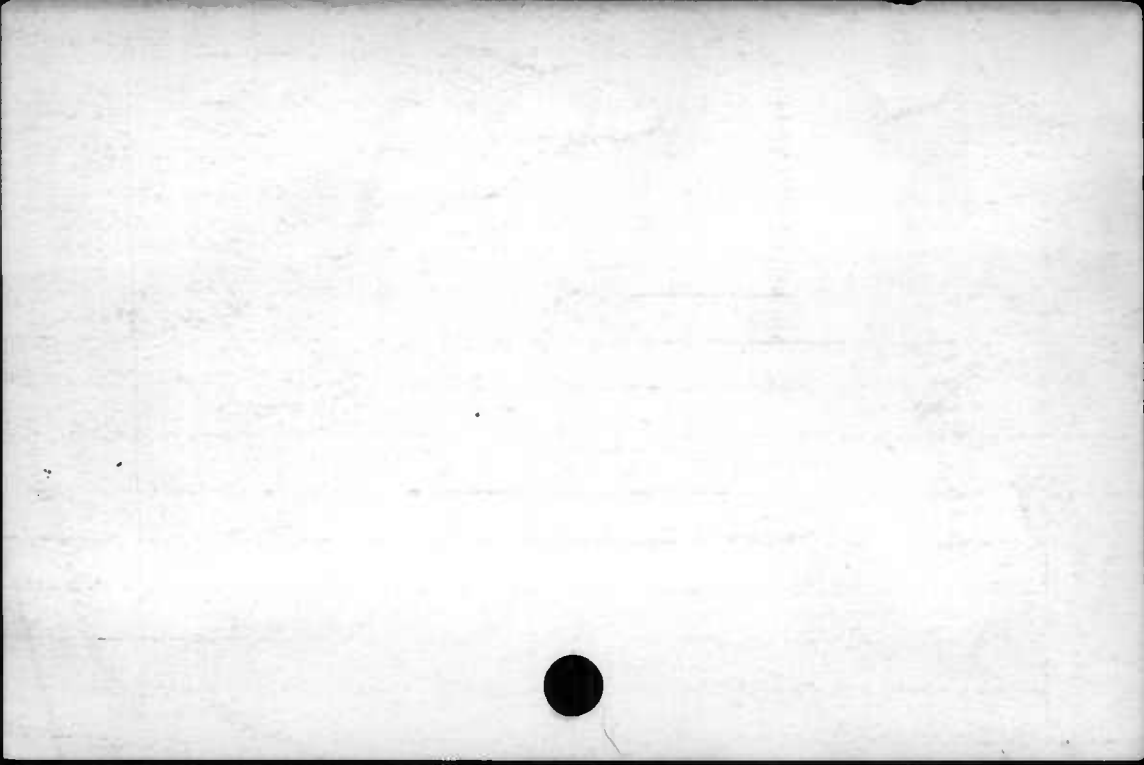
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>2 weeks</i>
Immediate <i>Paralysis of the</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Washney</i>
	Address <i>Piedmont W. Va.</i>
Accident or Suicide? <i>no</i>	



Name in Full <i>William Erik Patrick</i>		CERTIFICATE OF DEATH	
Town <i>Lonscoming</i>		County <i>Allegheny</i>	
Died at		MARYLAND	
Date of death	Month <i>Dec</i>	Day <i>5</i>	Age <i>70</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Scotland</i>	
Occupation <i>Miner</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife <i>Janet Acland</i>		
Father's Name <i>John Erik Patrick</i>	Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Margaret Lester</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>William Erik Patrick</i>	How related to deceased <i>Wife</i>		
CAUSES OF DEATH			
Primary <i>Asthma</i>	How long <i>Some years</i>		<i>(93)</i>
Immediate <i>Pneumonia</i>	How long <i>4 weeks</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. B. Skilling</i>	
Address <i>Lonscoming</i>		Address	
Accident or Suicide? <i>No</i>			



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

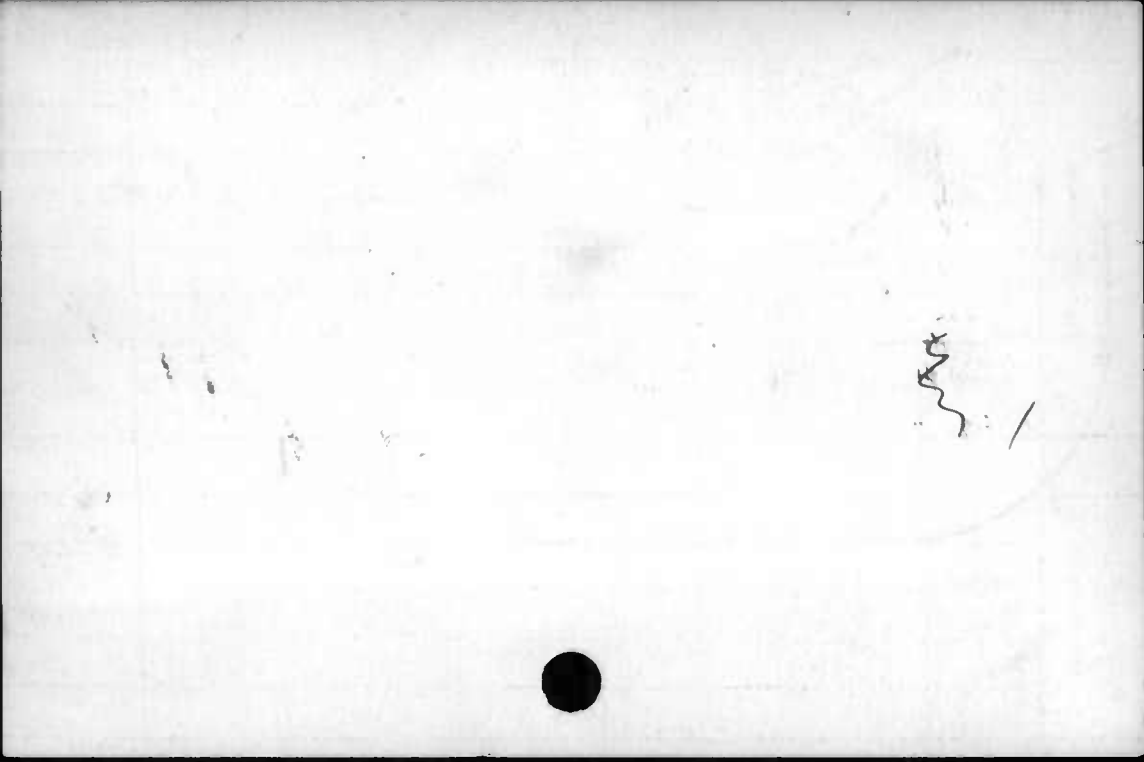
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

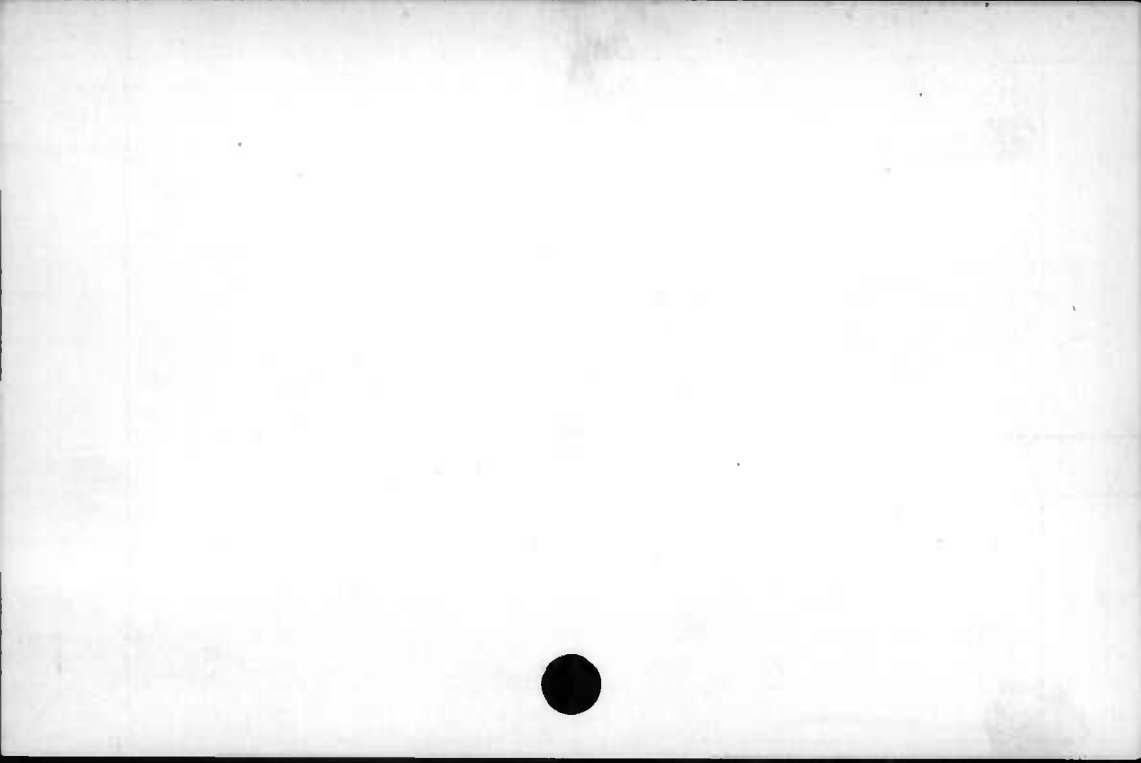
Address

LOUIS STEIN.

Accident or Suicide?



Name in Full		Minnie Mary Lum				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cumberland		County		MARYLAND		
	Date of death	1906	Month	Dec	Day	13	Age	5	
	Sex		Female		Color or Race		White	Birth-place	Mo
	Occupation				Where Residing if not at place of death				
	Married, Single or Widowed				Name of Wife or Husband				
	Father's Name				Father's Birthplace				
	Mother's Maiden Name				Mother's Birthplace				
Name of person giving information				How related to deceased					
Moth				Mother					
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Typhoid Fever		How long		3 wks		
	Immediate		Hemorrhage		How long		1 da		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		H. L. Broadup MD		
					Address		Cumberland Mo		
	Accident or Suicide?								



No. 1. Mc Connells Ch

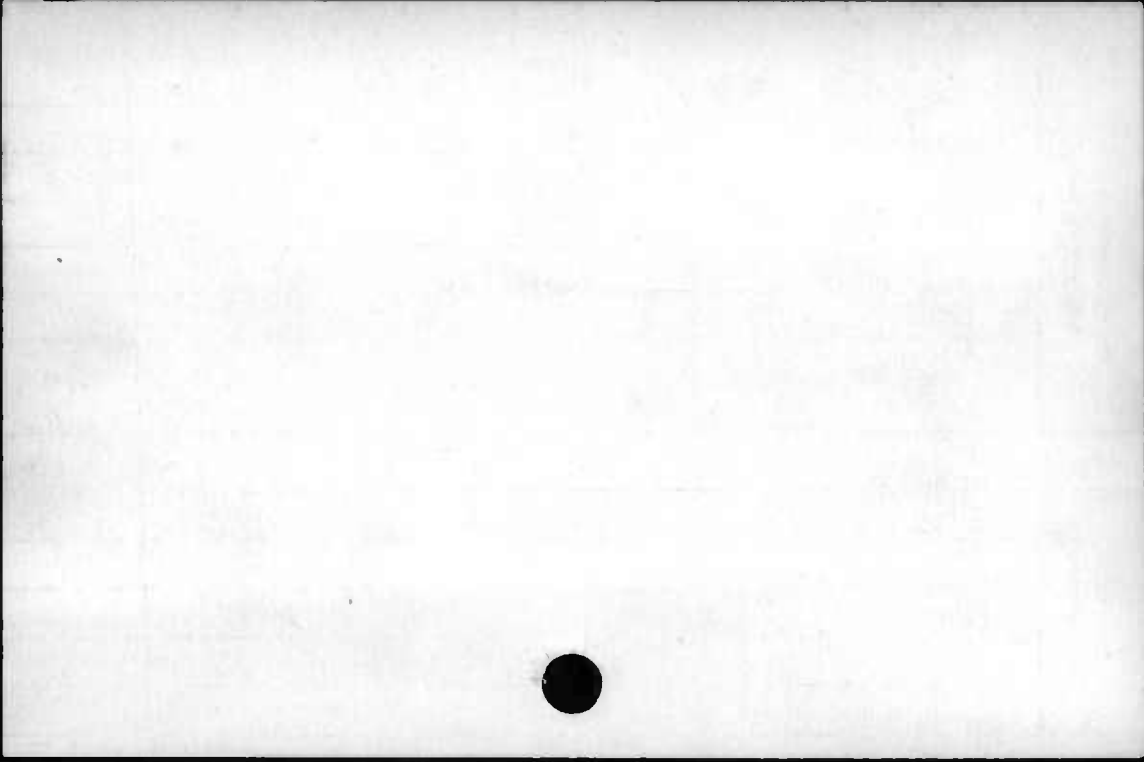
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1906	Month	Dec	Day	6	Age	Years
Sex	Male		Color or Race	White		Birthplace	Cumtob, Md.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Rudney Mc Connell		Father's Birthplace	
Mother's Maiden Name				Annie Graham		Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Immature birth	How long	20 min
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	M. F. Torgg
		Address	Cumtob, Md.
Accident or Suicide?			Mk



Name
in
Full

No. 2 McCombes ch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} CumberlandCounty ^{County} Annapolis

MARYLAND

Date of death 1906 Dec

Day 6

Age Years

Months

Days 1

Sex

Male

Color or
Race

White

Birth-
place

Cumberland

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Anthony McCombes

Father's
Birthplace

Mass

Mother's
Maiden Name

Lutie Beahan

Mother's
Birthplace

Cumberland

Name of person giving
in formationHow related
to deceased

CAUSES OF DEATH

Primary

Inflammation of heart

How long

2 mos

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

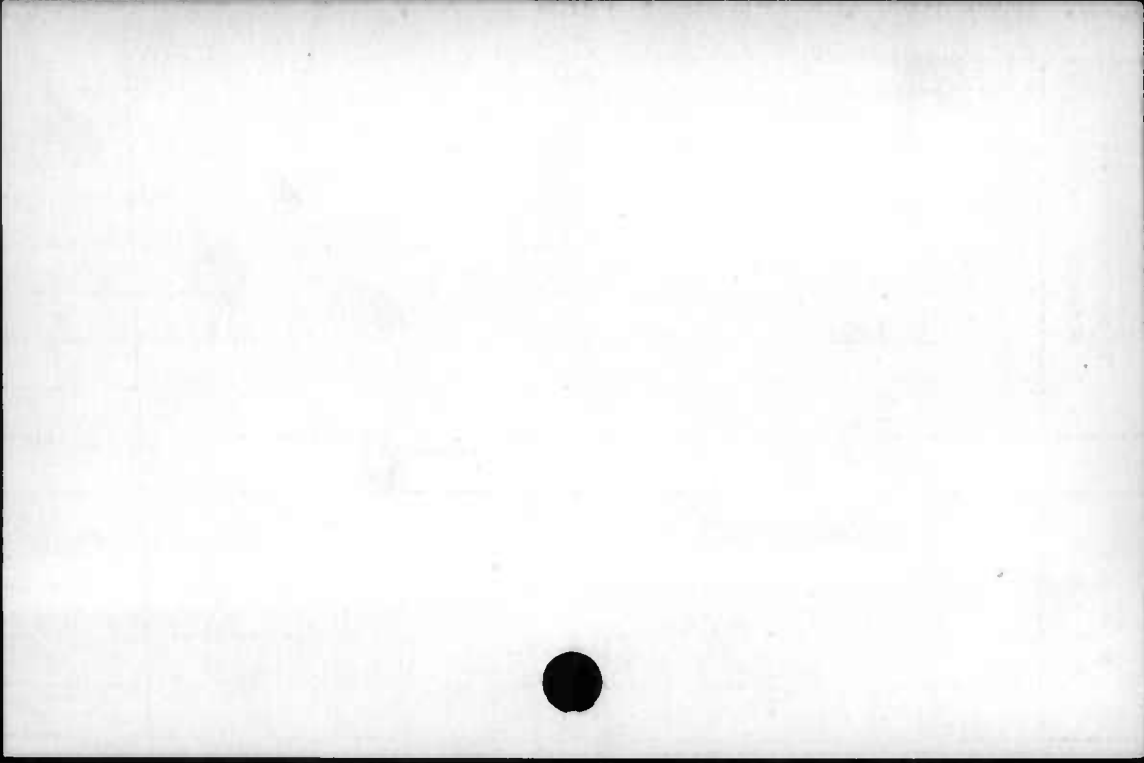
Signature of
Physician

M. J. Jurgens

Address

Cumberland

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

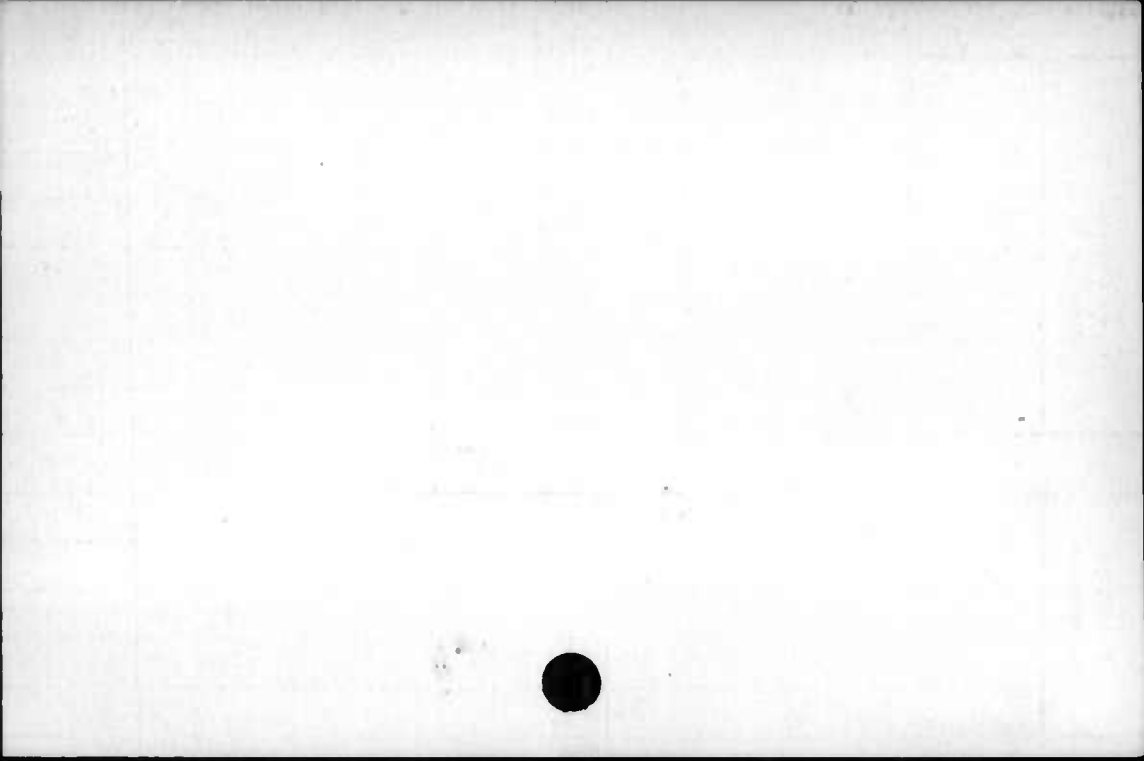
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Dec	24	Age 66	9	9	
Sex	Male	Color or Race	White	Birth-place	Scotland		
Occupation	Invalid			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Jane Thompson							
Father's Name	Alex Mc Cormick			Father's Birthplace	Ireland		
Mother's Maiden Name	Isabel Rodgers			Mother's Birthplace	Scotland		
Name of person giving information	Mrs. Alex Mc Cormick			How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long	11 years
Immediate	"	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Harry M. Hodgson	
Address		Lonaconing, Ind.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant Mc Dermitt

Town

County

Died at

Cmmt

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death 1906

Dec

20

—

—

—

Sex

Female

Color or
Race

White

Birth-
place

Cmmt

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

J. H. McDermitt

Father's
Birthplace

Cmmt

Mother's
Maiden Name

May Carney

Mother's
Birthplace

Cmmt

Name of person giving
in formation

J. H. McDermitt

How related
to deceased

Father

183 Lee St

CAUSES OF DEATH

Primary

Still born

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

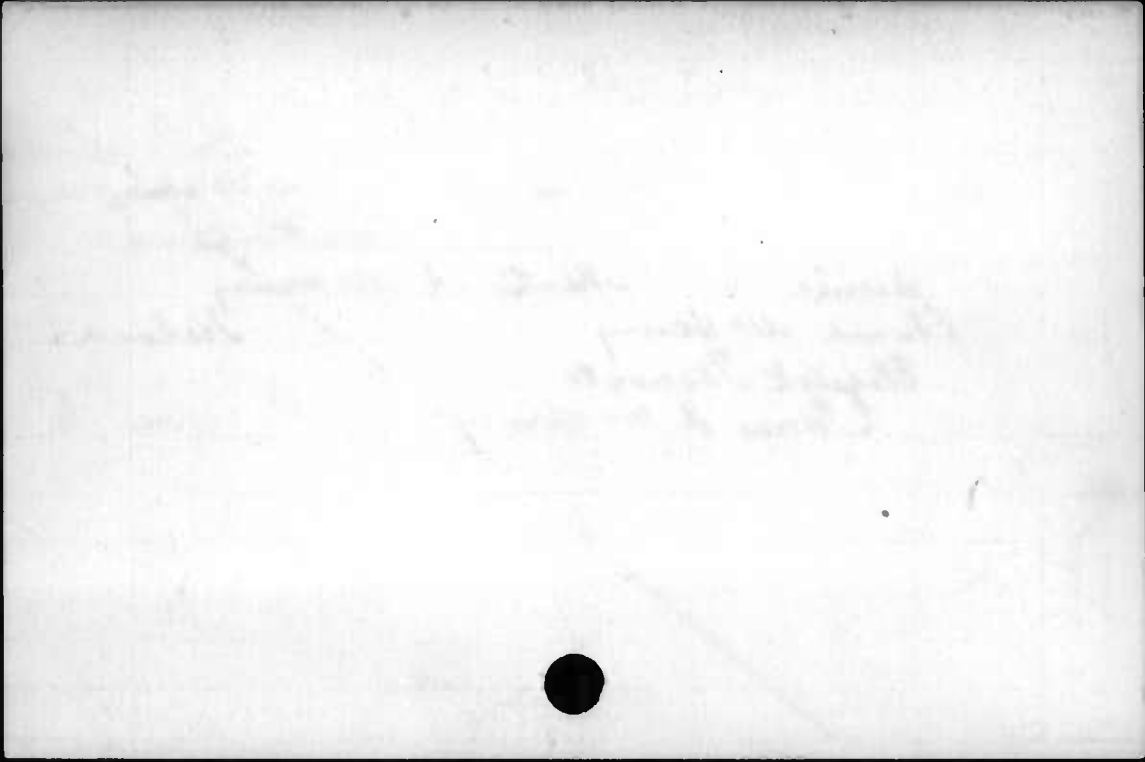
Dr. A. Leo Franklyn

Address

Cumberland
Md

LOUIS STEIN,

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

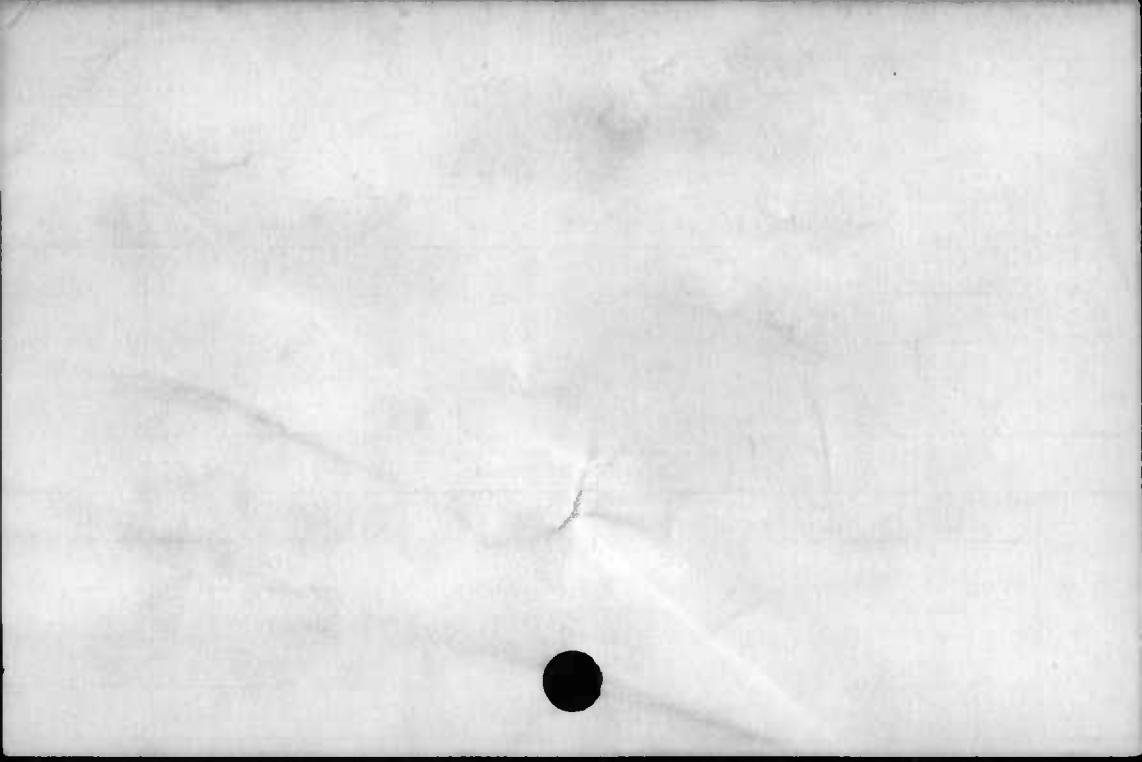
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James J. McHenry</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Died at <i>Cumberland</i>		Month <i>12</i>		Day <i>21</i>		Age <i>82</i>	
Date of death <i>1906</i>		Month <i>12</i>		Day <i>21</i>		Age <i>82</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Middlebury, Vermont</i>			
Occupation <i>Lawyer</i>		Where Residing if not at place of death <i>Cumberland</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha A. McHenry</i>					
Father's Name <i>Edward McHenry</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Elizabeth Fermoyle</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>James A. McHenry</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile Decay</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>James J. Johnson, M.D.</i>	
		Address <i>Cumberland</i>	
Accident or Suicide?		<i>mid</i>	



Name
in
Full

Charles Maine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Barton</u> Town			County <u>Allegany</u>			MARYLAND		
Date of death 190 <u>6</u>		Month <u>Dec</u>	Day <u>21</u>	Age Years <u>85</u>	Months	Days <u>11</u>		
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Scotlands</u>				
Married, Single or Widowed		<u>Widower</u>		Occupation <u>Miner</u>				
Name of Wife or Husband <u>Nancy Strong</u>								
Father's Name <u>Thomas Maine</u>		Father's Birthplace <u>Scotlands</u>						
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>						
Name of person giving information <u>Mrs Joseph Shaw</u>		How related to deceased <u>daughter</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(64)	How long
Immediate <u>Apoplexy</u>		How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Ys</u>		Signature of Physician <u>S. A. Boncher</u>
		Address
Accident or Suicide?		



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Bridget Makan</i>		County <i>Cumberland</i>		State <i>MARYLAND</i>	
Died at <i>Cumberland</i>		Month <i>Dec.</i>		Day <i>10</i>	
Date of death <i>1906</i>		Age <i>80</i>		Months <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Unknown</i>	
Occupation <i>Unknown</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>J E Bolden</i>		How related to deceased <i>Oakland</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	How long <i>154</i>
Immediate <i>General Debility</i>	How long <i>From 154</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Wm. F. Tigg</i>
Address <i>Cumberland Md.</i>	
Accident or Suicide?	



Name
in
Full

Thos Malott

CERTIFICATE OF DEATH

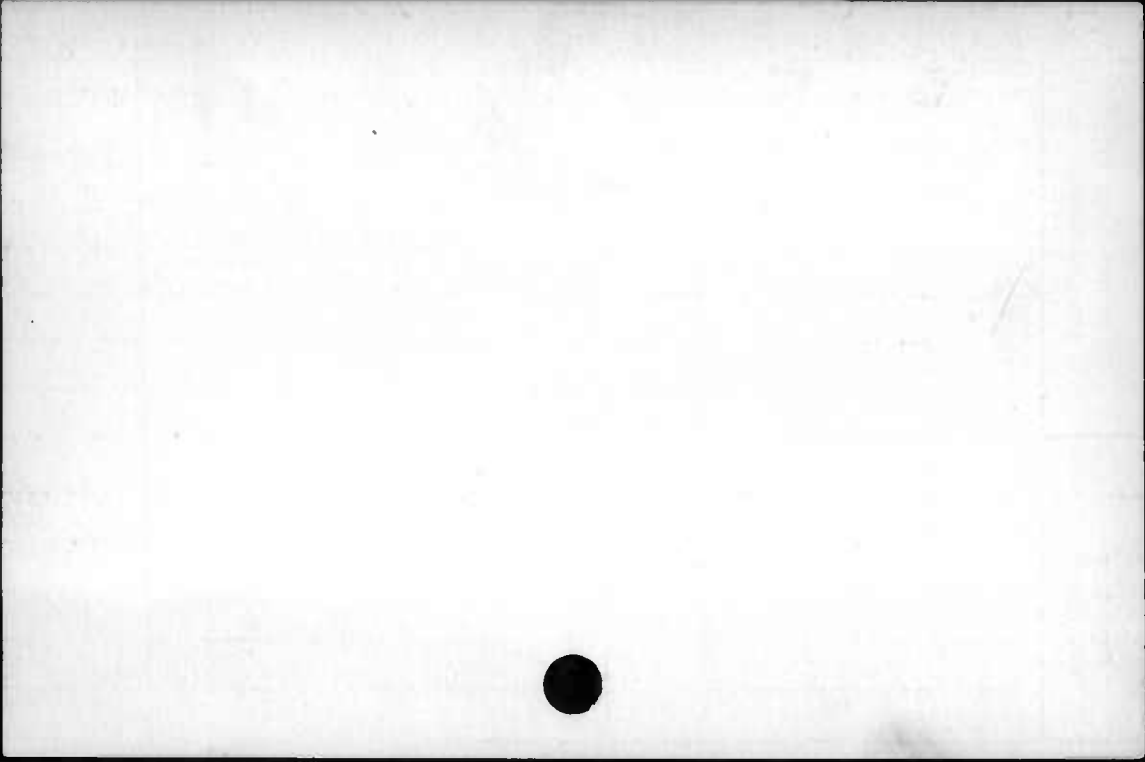
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Quinn</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>Dec</u> ^{Month}	<u>12</u> ^{Day}	Age <u>70</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>unknown</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>unlc</u>		Name of Wife or Husband <u>unknown</u>			
Father's Name <u>unknown</u>			Father's Birthplace <u>unknown</u>		
Mother's Maiden Name <u>"</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>"</u>			How related to deceased <u>"</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Found dead</u>	How long <u>—</u>
Immediate <u>Alcoholism</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. Matz</u>
	Address <u>Quinn</u>
Accident or Suicide? <u>MS</u>	



Name
In
Full

CERTIFICATE OF DEATH

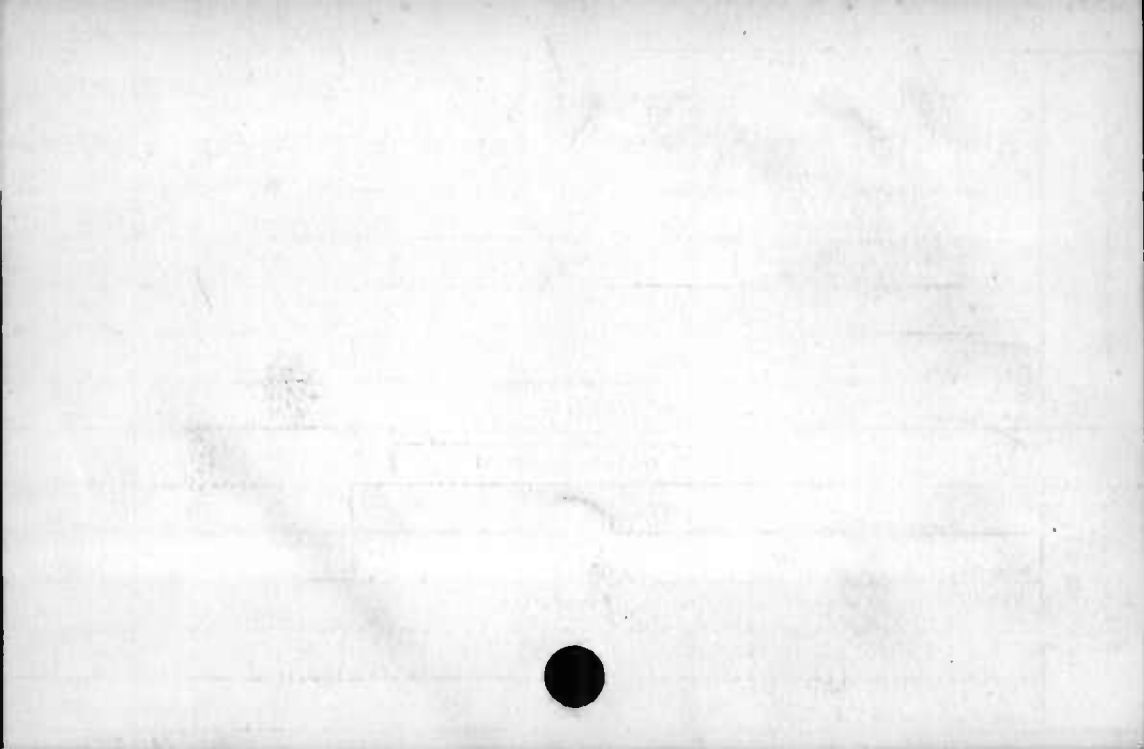
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John B. Martin</i>		Town <i>Kimberland</i>		County <i>Wesley</i>		MAYLAND			
Died at		Month <i>Dec</i>		Day <i>28</i>		Age <i>63</i>		Months	Days
Date of death <i>1906</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>V.A.</i>			
Occupation <i>Lawyer</i>		Where Residing if not at place of death <i>Carrigansville</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary E. Martin</i>							
Father's Name <i>dont know</i>		Father's Birthplace <i>dont know</i>							
Mother's Maiden Name <i>dont know</i>		Mother's Birthplace <i>dont know</i>							
Name of person giving information <i>Charles H Martin</i>		How related to deceased <i>Son</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Trouble</i>	How long <i>sudden</i>
Immediate	How long
Ara the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G H Maltz Coroner</i>
<i>LOUIS STEIN</i>	Address <i>Kimberland MD</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

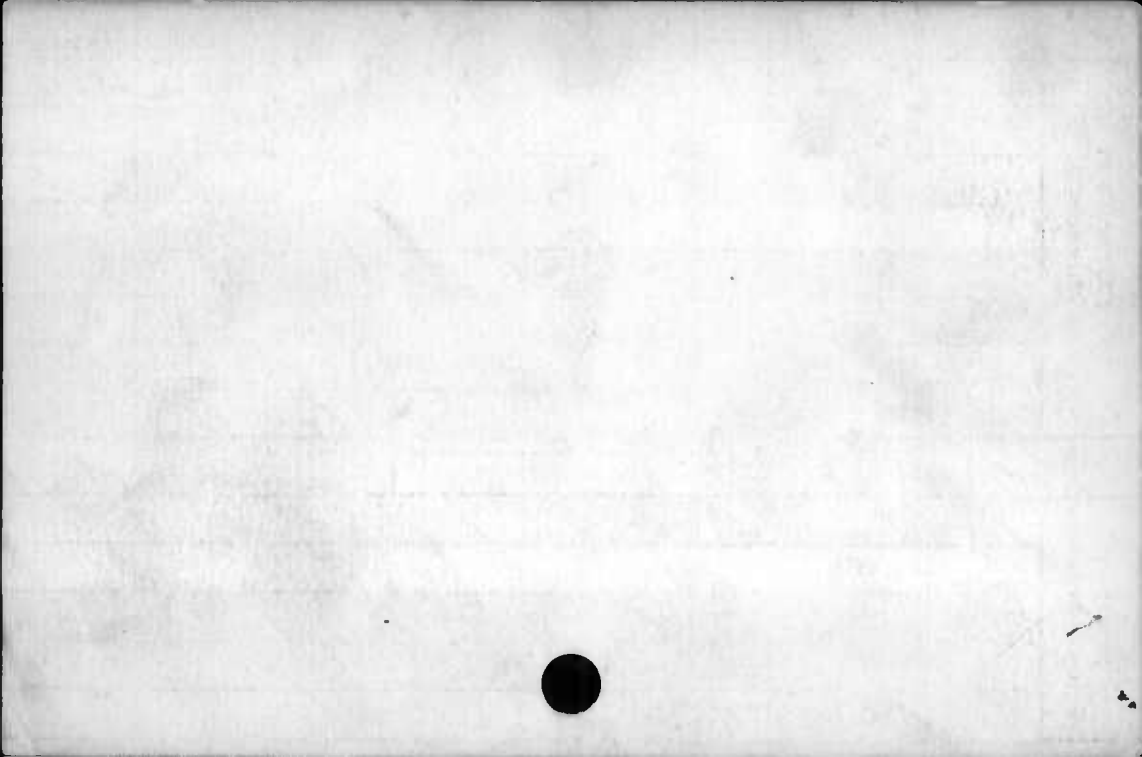
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Quanda</i> ^{Town}		<i>Alleghene</i> ^{County}		MARYLAND	
Date of death	1906	Month	15	Day	28
Age	<i>37</i> ^{Years}		Months	Days	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Cumbar</i>
Occupation	<i>Widow kept house for</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband <i>Wm H Metz</i>		
Father's Name	<i>Wm H Metz</i>			Father's Birthplace	
Mother's Maiden Name	<i>Mary E Galt</i>			Mother's Birthplace <i>Cumbar</i>	
Name of person giving information	<i>Robert H Metz</i>			How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary	<i>Paralysis (Respiratory)</i>	How long	<i>About 2 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 or 3 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. J. J. J.</i>	
<i>Yes</i>		Address <i>Cumbar</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

Mrs. Ann Morgan

CERTIFICATE OF DEATH

Died at ^{Town} *Westernport* ^{County} *Allegany*

MARYLAND

Date of death *1906* Month *12* Day *22* Age *about 90* Years Months DaysSex *Female* Color or Race *White* Birth-place *Scotland*Occupation *Housekeeper* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Lehas Morgan*Father's Name Father's Birthplace *Italy*Mother's Maiden Name *Hamilton* Mother's Birthplace *Scotland*Name of person giving information *Mrs Mary Sullivan* How related to deceased *Daughter**Dr Shupe*

CAUSES OF DEATH

Primary *Chronic Nephritis* How long *Do not know*Immediate *uramic poisoning* How long *6 or 8 hours*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

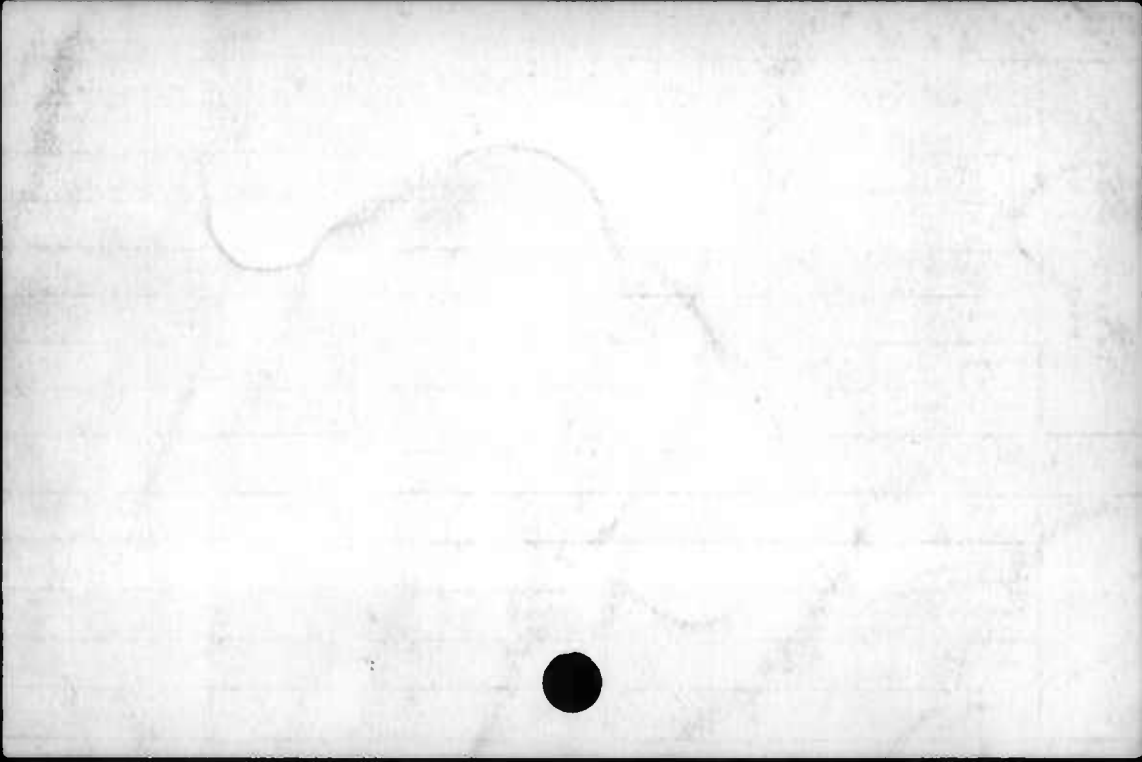
J. B. Shupe
Westernport
(MD)

Accident or Suicide?

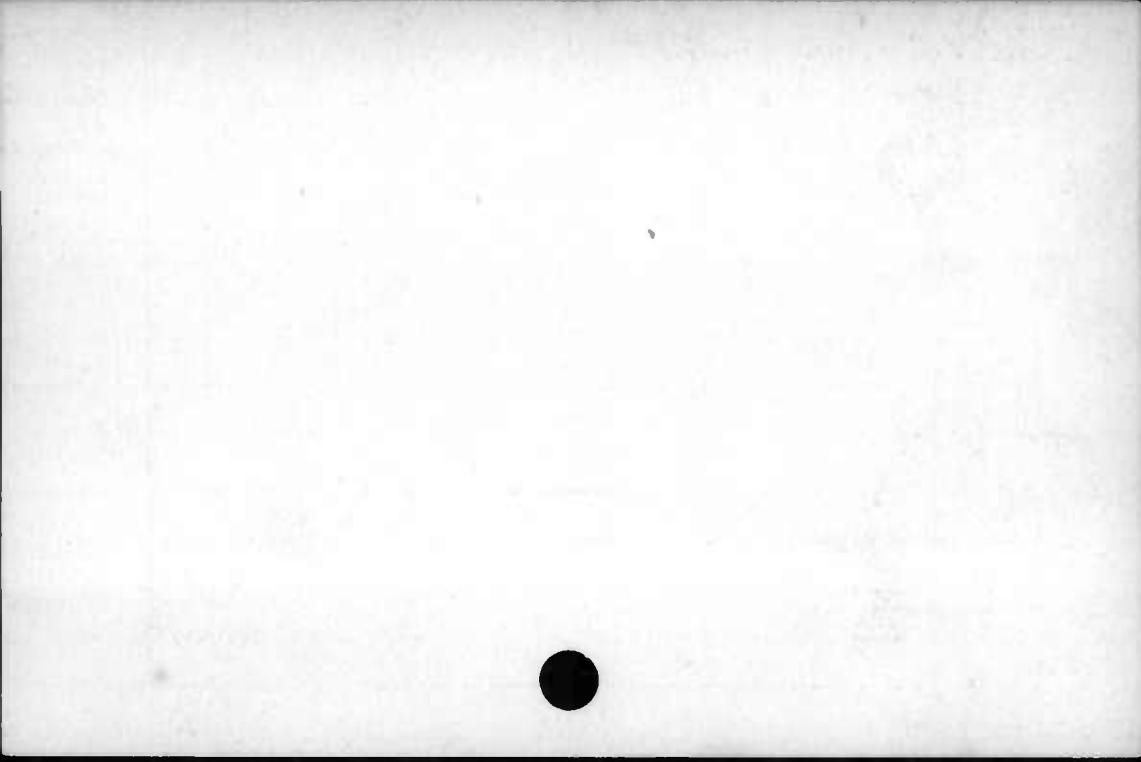
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

"Mrs. Ann Troyer was born
in Germany. What part she never
knew. Her maiden name was Annie
Pagella. Her father was an
Italian. Her mother's name was
Hamilton. Scotch. I suppose
for she was connected with the
Duke of Hamilton, the first name
I remember of her parents
She never knew

Name in Full		CERTIFICATE OF DEATH			
Rosalie Marie Morgan		Town Westport		County Allegany	
Died at		MARYLAND			
Date of death	1906	Month 12	Day 12	Age 9	Months 2
				Years 9	Days 19
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Scholar	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Patrick Morgan	Father's Birthplace Scotland			
Mother's Maiden Name	Katharine Wilson	Mother's Birthplace Scotland			
Name of person giving information	Patrick Morgan	How related to deceased father			
222 Kalbaugh		CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Diphtheria		How long	4-5 days
	Immediate	Acute Brights		How long	about one week
	Are the name, age, sex, color, date and place correctly given above?		Yes		
	Signature of Physician		E. J. Kalbaugh		
		Address		Piedmont N.C.	
Accident or Suicide?		no			



Name in Full Honora Mullaney		CERTIFICATE OF DEATH	
Died at Int Sarag ^{Town}		Allegheny ^{County}	
Date of death 190 6 Dec ^{Month}		3 ^{Day}	77 ^{Years}
		1 ^{Months}	1 ^{Days}
Sex Female		Color or Race No White	Birth-place Ireland
Married, Single or Widowed Widow		Occupation Housewife	
Name of Wife or Husband Chas Mullaney			
Father's Name Coleman		Father's Birthplace Ireland	
Mother's Maiden Name Unknown		Mother's Birthplace Ireland	
Name of person giving information Chas Mullaney		How related to deceased Son	
CAUSES OF DEATH			
Primary Smile -		How long 3 mos	154
Immediate Exhaust		How long 2 weeks	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician F. Allen E. Herring	
		Address Int-Sarag	
Accident or Suicide?			



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

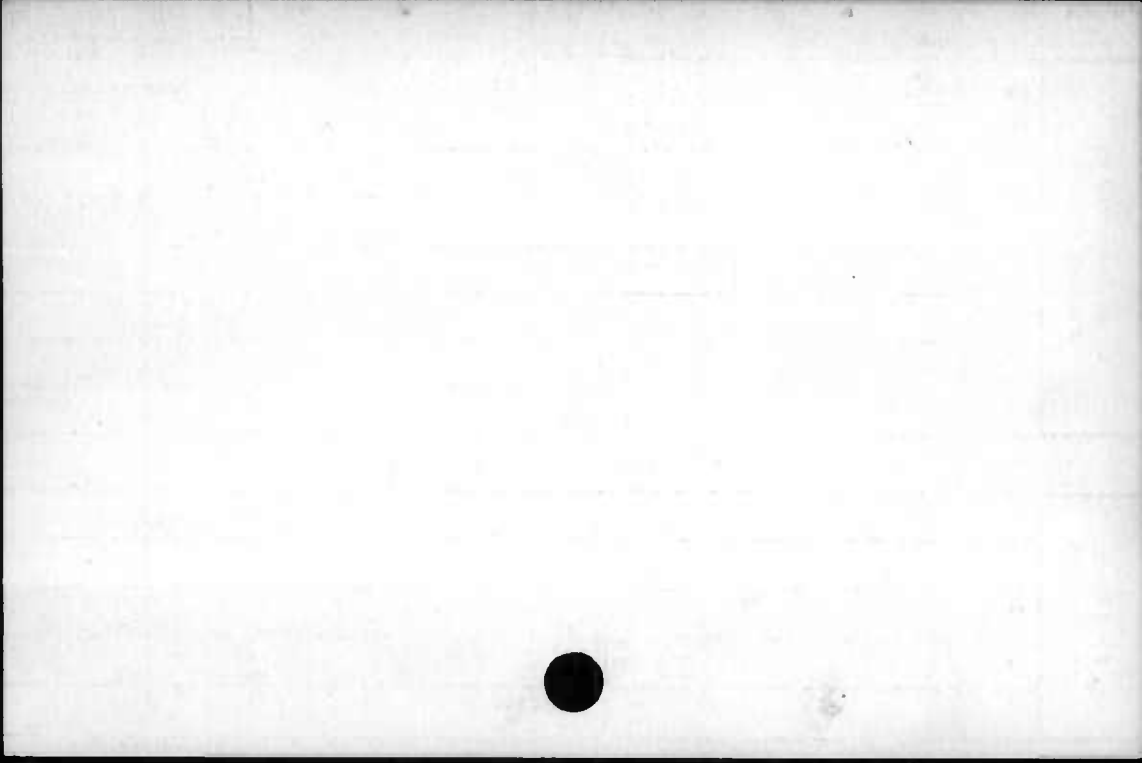
Died at <i>Sonsanning</i> ^{Town}		<i>Alleyan</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Dec.</i>	Day	<i>18</i>
Age	<i>—</i>	Years	<i>—</i>	Months	<i>11</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Sonsanning</i>
Occupation	Where Reading if not at place of death <i>—</i>				
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Archibald S. Nichols</i>			Father's Birthplace	<i>Sonsanning</i>
Mother's Maiden Name	<i>Martha Gardner</i>			Mother's Birthplace	<i>Sonsanning</i>
Name of person giving information	<i>Archibald S. Nichols</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Broncho Pneumonia</i>	How long	<i>2 weeks</i>
Immediate	<i>Cyanosis</i>	How long	<i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Henry S. Rodgson</i>
		Address	<i>Sonsanning, Md.</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

Daniel Morris

CERTIFICATE OF DEATH

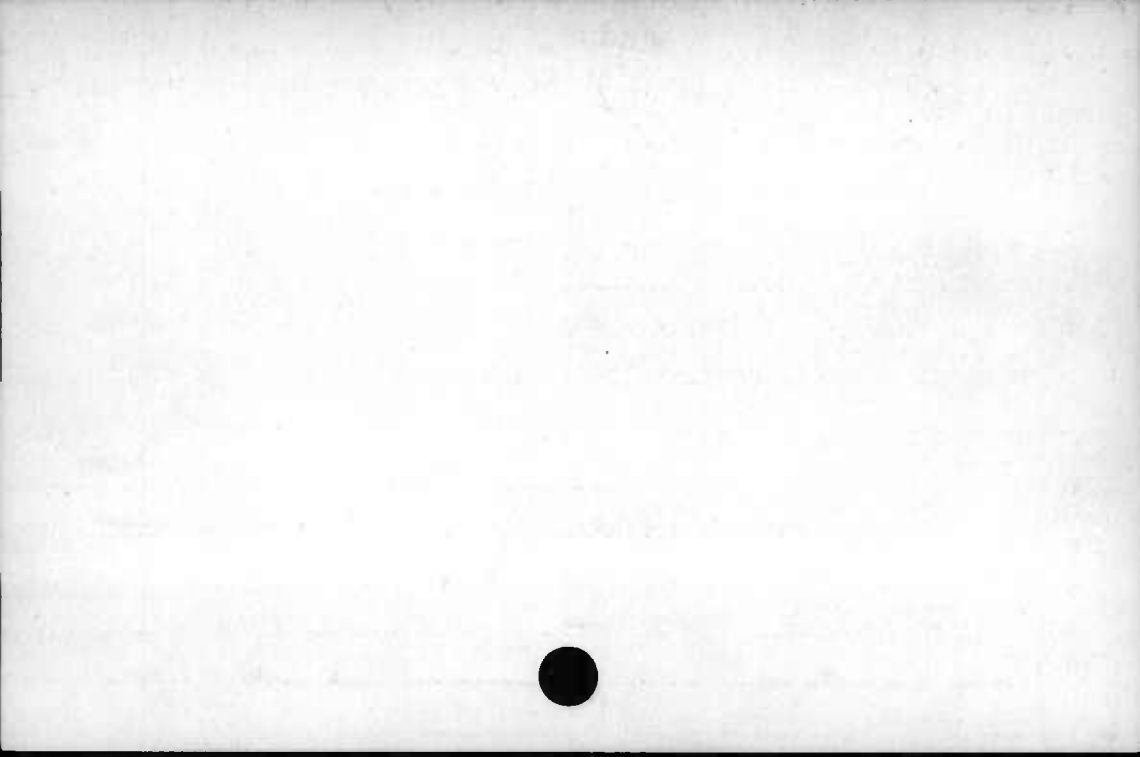
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Int Saraga</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	<i>Dec</i> ^{Month}	<i>31</i> ^{Day}	Age <i>64</i> ^{Years}	<i>2</i> ^{Months}	<i>20</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Laborer</i>				
Name of Wife or Husband <i>Sarah E. Easton</i>					
Father's Name <i>John Morris</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Elizabeth Grove</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Henry Morris</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Uremic Deplritis</i>	How long <i>1 year</i>
Immediate <i>Acute Suppurative Phthisis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. Alan E. Murray</i>
	Address <i>Int Saraga Ind</i>
Accident or Suicide?	



Name
in
Full

Elsie May Parke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lutha ^{Town} Allegheny ^{County} MARYLAND

Date of death 1906 12 26 ^{Month} ^{Day} ^{Year} 1 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Lutha

Occupation Infant Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
NameL. E. Parke Jr.Father's
BirthplacePenn.Mother's
Maiden NameClara G. GentryMother's
BirthplaceMD.Name of person giving
InformationL. E. Parke Jr.How related
to deceasedfather

CAUSES OF DEATH

Primary

Premature Birth

How long

one day

Immediate

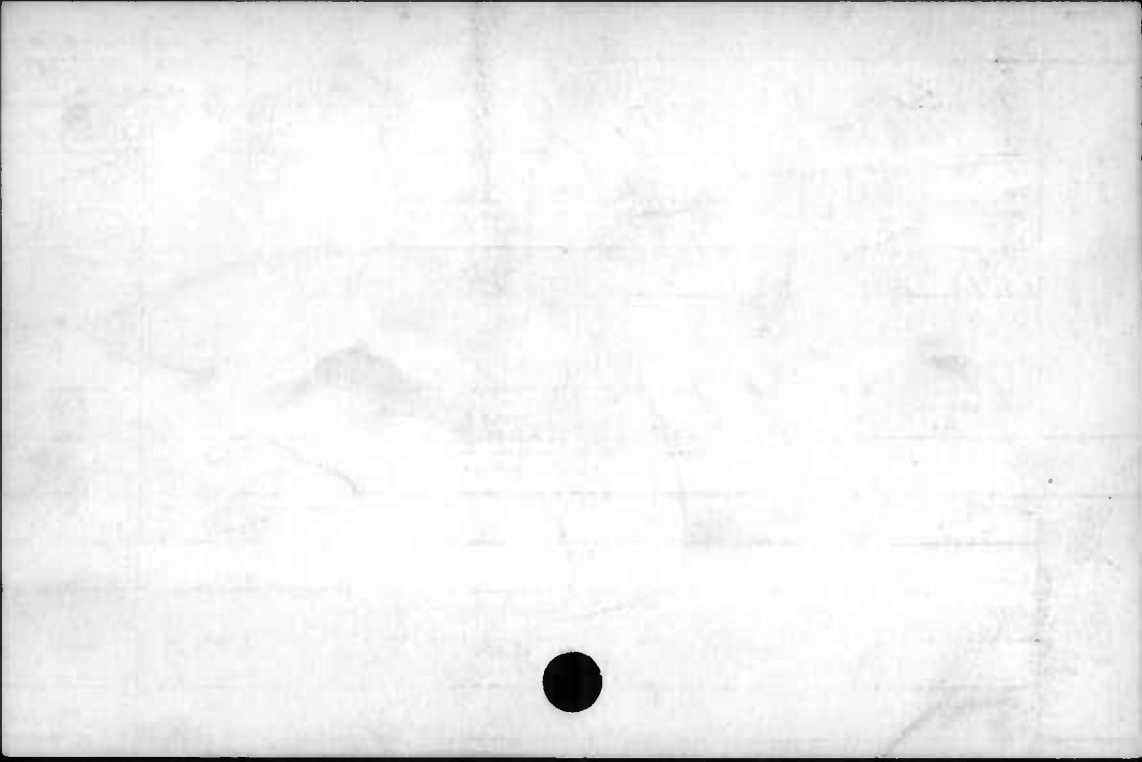
Are the name, age, sex, color, date
and place correctly given above?yesSignature of
Physician

Address

Accident or Suicide?

No

J. H. Long
Physician
7500



Name

in
Full

Montrevor Pennington

CERTIFICATE OF DEATH

Town

County

Died at

Bristol

Allegheny

MARYLAND

Date

1906

Month

Dec

Day

25

Age

Years

48

Months

—

Days

—

Sex

male

Color or
Race

white

Birth-
place

W. Va

Occupation

Restaurant Keeper

Where Residing if not
at place of death

—

Married, Single
or Widowed

married

Name of Wife or
Husband

allie

Father's
Name

L. H. Bogal

Father's
Birthplace

Old Town Ind

Mother's
Maiden Name

Joseph Pennington

Mother's
Birthplace

unknown

Name of person giving
information

Iris M. Bridges

How related
to deceased

none.

CAUSES OF DEATH

Primary

Consumption

How long

1 yr.

Immediate

heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr. F. L. Barkdoll

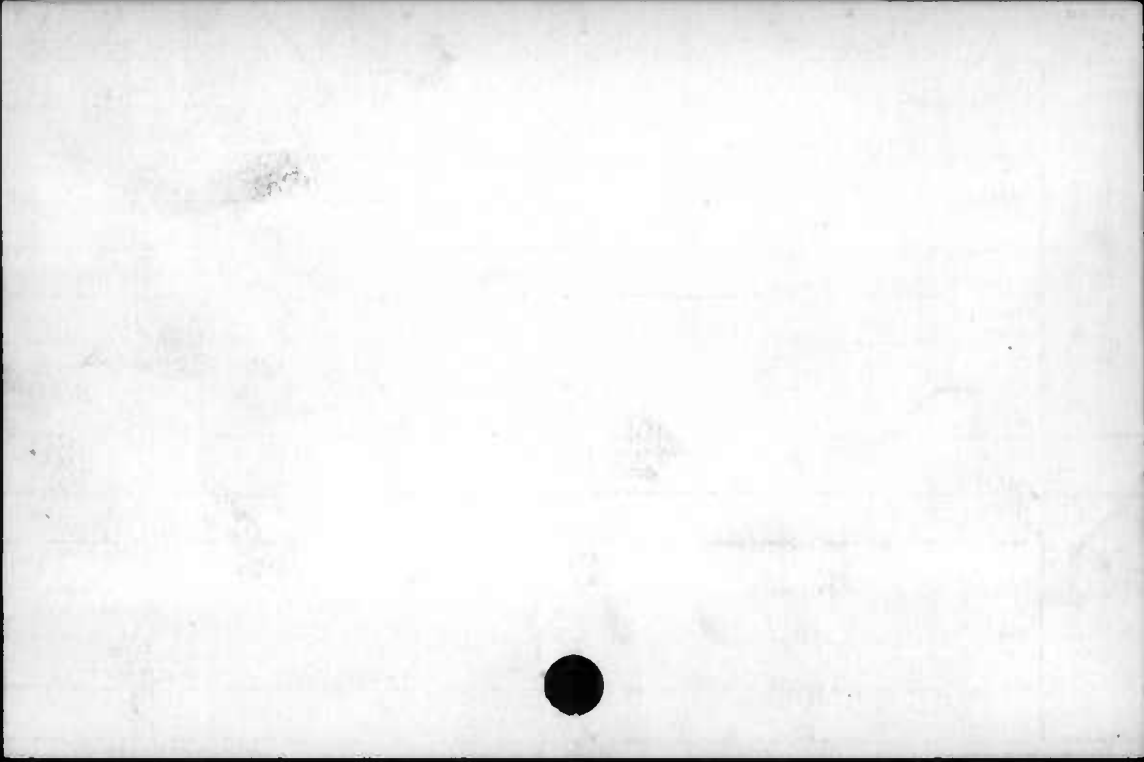
15 Cumberland

Md.

LOUIS STEIN.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

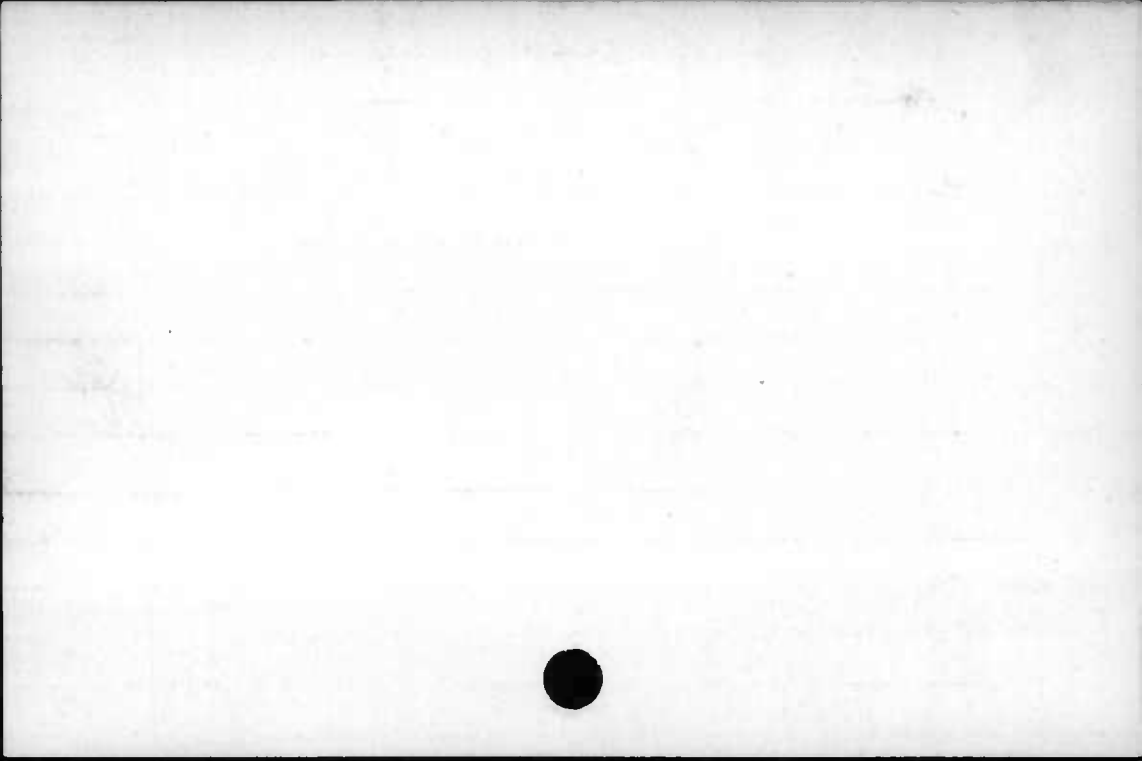
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		12	13		1	7	
Sex		Color or Race		Birth-place			
M		W		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
John Rankin				Md			
Mother's Maiden Name				Mother's Birthplace			
Ruth Stephens				Md			
Name of person giving information				How related to deceased			
Ruth Stephens				Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	3 Months
Immediate	Capillary Bronchitis	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Dr. H. M. Lane	
		Address	
		Frostburg Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Mary Bathrinia Reising

Town

County

Died at

Cannondale

Accugay

MARYLAND

Date

of death 1906

Month

Dec

Day

28

Age

Years

8

Months

-

Days

-

Sex

Female

Color or
Race

White

Birth-
place

Cannondale

Occupation

-

Where Residing if not
at place of death

-

Married, Single
or Widowed

Single

Name of Wife or
Husband

-

Father's
Name

Michael Reising

Father's
Birthplace

Germany

Mother's
Maiden Name

Mary A. Helmstatter

Mother's
Birthplace

Ally Co.

Name of person giving
in formation

Michael Reising

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid Fever

How long

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Dr. W. W. Wiley

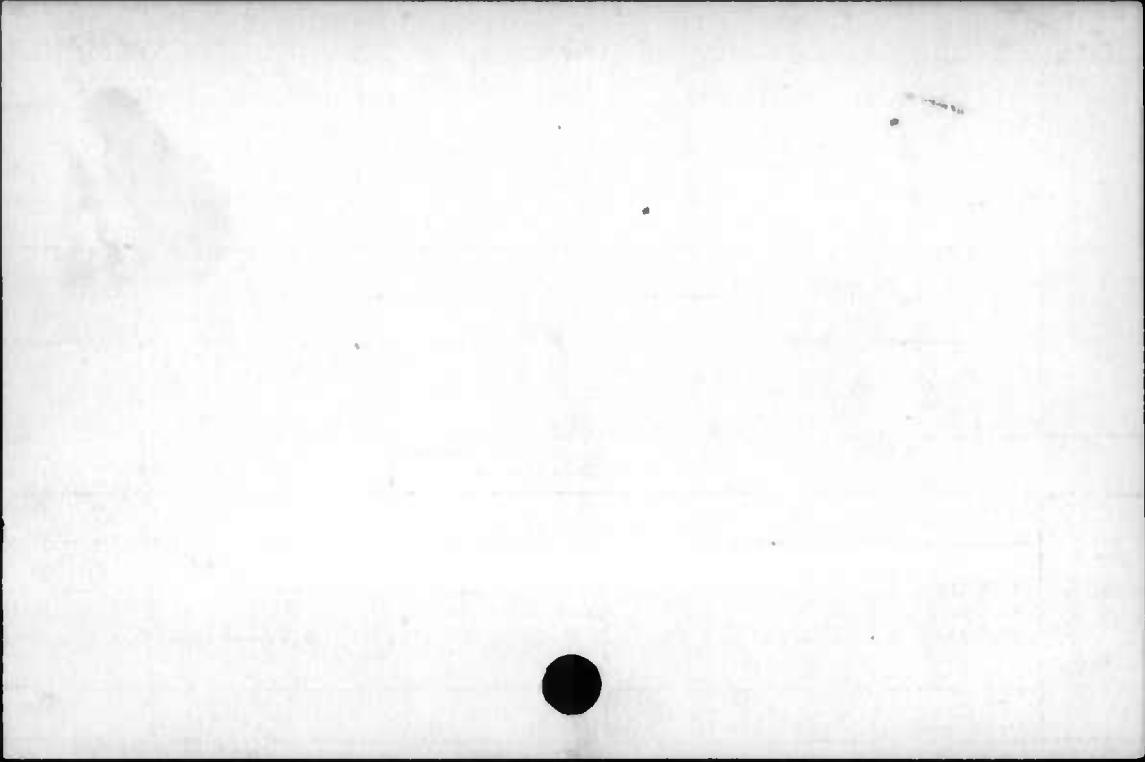
LOUIS STEIN:

Address

Cannondale
Md

Accident or Suicide?

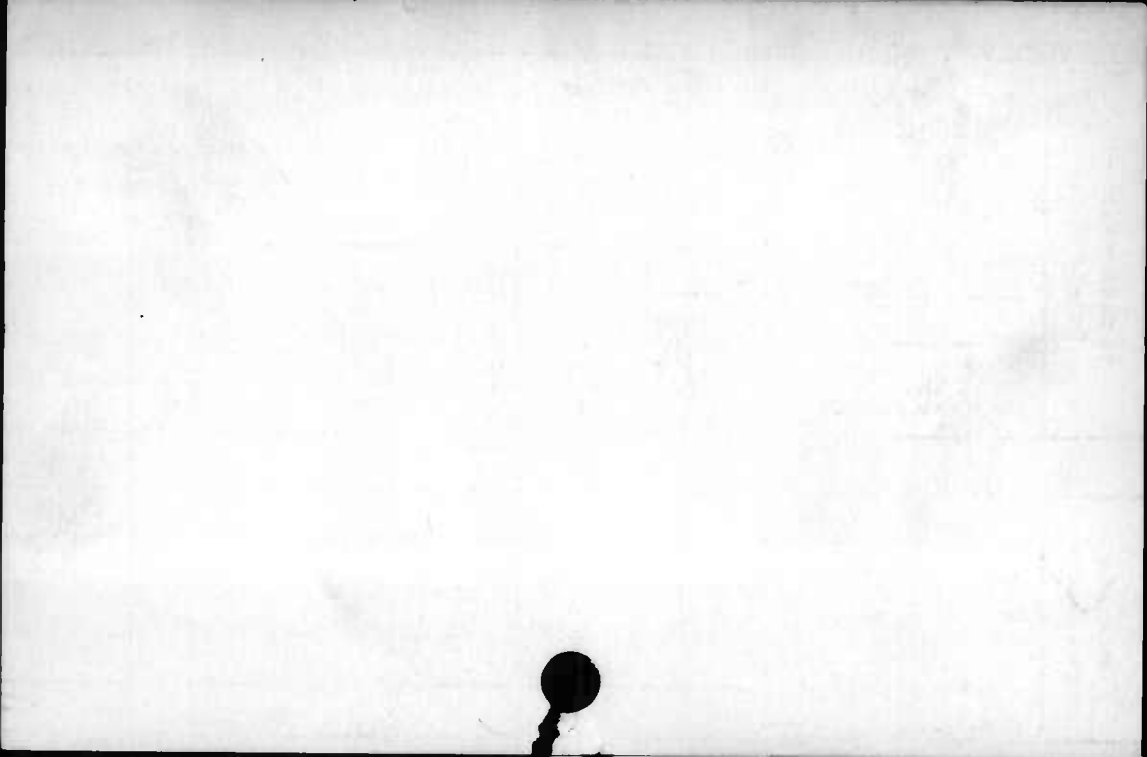
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Hannah Rosenthal				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cumberland		County		MARYLAND		
	Date of death	1906	Month	Dec.	Day	16	Age	62
	Sex	Female		Color or Race	White		Birth-place	Germany
	Occupation	Wife			Where Residing if not at place of death			-
	Married, Single or Widowed	Married		Name of Husband	Samuel			
	Father's Name	J. Rosenthal				Father's Birthplace	Germany	
	Mother's Maiden Name	Unknown				Mother's Birthplace	Germany	
2	Name of person giving information	S. Rosenthal				How related to deceased	104	
	CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Acute Intoxication				How long	3 Mo.	
	Immediate	Exhaustion				How long		
	Are the name, age, sex, color, date and place correctly given above?				Yes.			
	Signature of Physician				Dr. L. B. Bando.			
	Address				Cumberland Md			
Accident or Suicide?				Accident				



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Cumtland</i>		County <i>Megam</i>		
		State <i>MARYLAND</i>				
		Date of death <i>1906 Dec 14</i>	Month <i>Dec</i>	Day <i>14</i>	Age <i>2</i>	Years <i>4</i>
		Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cumtland</i>	Months <i>4</i>	Days <i>3</i>
		Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>John Rogers</i>		Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Rena Ruby</i>		Mother's Birthplace <i>MD</i>				
Name of person giving information <i>John Rogers</i>		How related to deceased <i>Father</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Diphtheria</i>	How long <i>4 wks</i>				
	Immediate <i>Paralysis</i>	How long <i>2 days</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. F. Turidg</i>				
		Address <i>Cumtland Md</i>				
	Accident or Suicide? <i>No</i>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestertown</i>		County <i>Allegany</i>		MARYLAND		
Date of death <i>1906</i>	Month <i>12</i>	Day <i>22</i>	Age <i>62</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>American</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Chestertown Md.</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Wm. Ross</i>					
Father's Name <i>Beulah Jenkins</i>	Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Lizzy</i>	Mother's Birthplace					
Name of person giving information <i>Beulah Ross</i>	How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>	(79)	How long <i>3 weeks</i>
Immediate <i>Same</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Wilson</i>	Address <i>Chestertown Md.</i>
Accident or Suicide?		



Name

in
Full

William Roth

CERTIFICATE OF DEATH

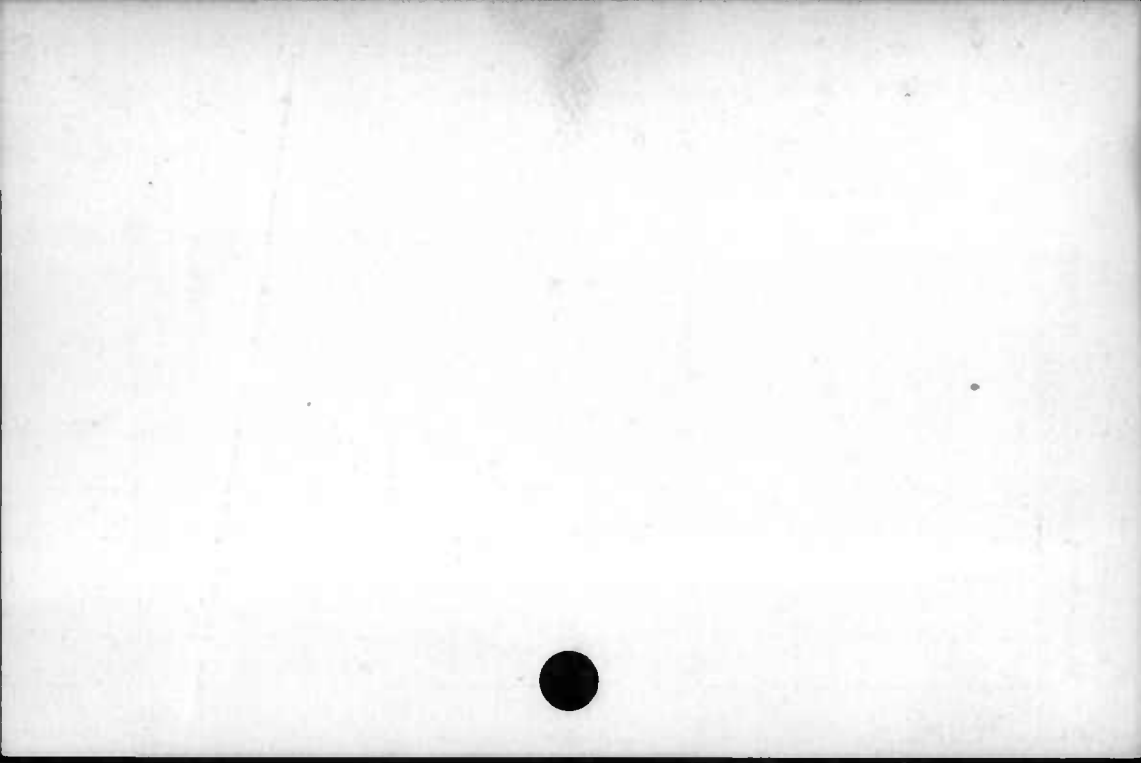
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ind-Snap</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Dec</i>	Day <i>28</i>	Age <i>67</i>	Months <i>8</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Machinist</i>			
Name of Wife or Husband <i>Christina Markel</i>					
Father's Name <i>Roth</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>George Barth</i>			How related to deceased <i>same</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Hepatitis & Endocarditis</i>	How long <i>2 years</i>
Immediate <i>Hemorrhage in Brain</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. Alan E. Murray</i>
	Address <i>Ind S Snap</i>
Accident or Suicide?	<i>no</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Henry Schaub</i>		Town <i>Frostburg</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Died at <i>Frostburg</i>		Date of death <i>1906</i>		Month <i>Dec</i>		Day <i>15</i>	
Age <i>92</i>		Years <i>92</i>		Months <i>0</i>		Days <i>0</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Frostburg</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sophia Yohanning</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Frederick Schaub</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>10 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Conroy M.D.</i>
	Address <i>Frostburg Md.</i>
Accident or Suicide?	

Allyham

Secretary

G. B. Mc

Name
in
Full

CERTIFICATE OF DEATH

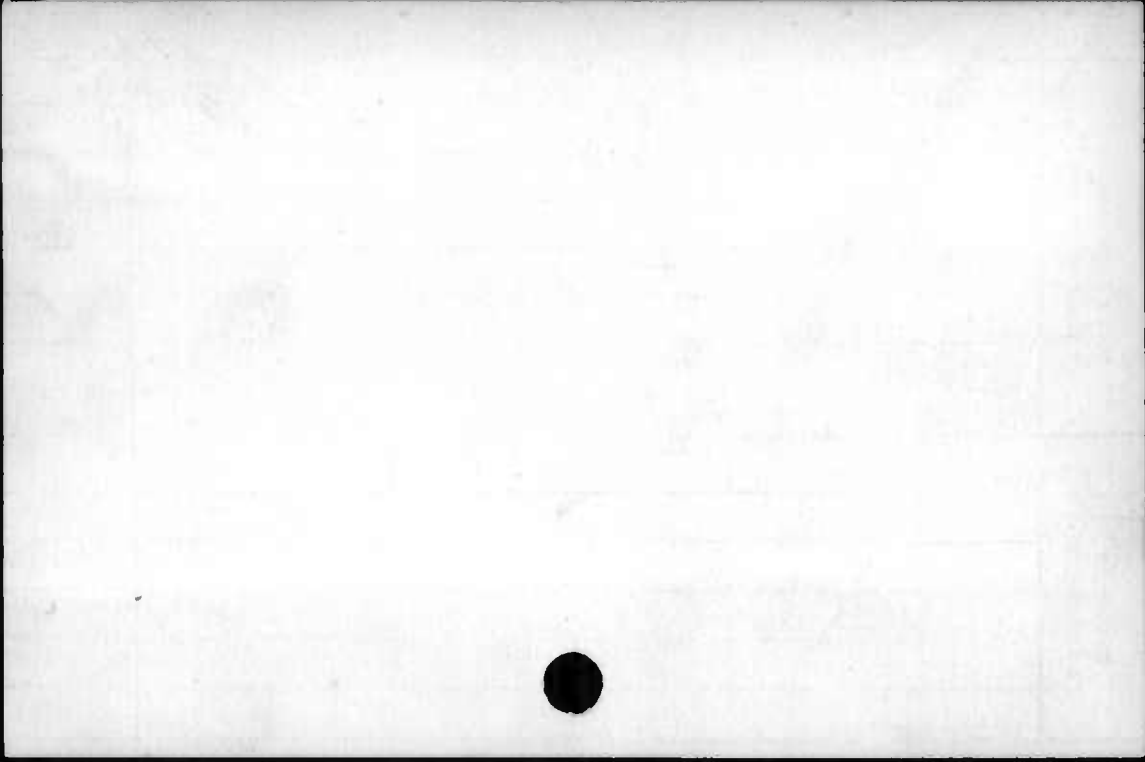
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emma</i>		Town		County <i>Cecily</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>16</i>	Age <i>72</i>	Years	Months <i>3</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Occupation <i>Butcher</i>	Where Residing if not at place of death <i>-</i>						
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>-</i>						
Father's Name <i>-</i>	Father's Birthplace						
Mother's Maiden Name <i>-</i>	Mother's Birthplace						
Name of person giving information <i>John J. Schmidt</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diabetes</i>	<i>50</i>	How long <i>18 months</i>
Immediate <i>Exhaustion</i>		How long <i>weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Sachtman</i>	
<i>LOUIS STEIN</i>	Address <i>108th Ave</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Name in Full <i>Hannah Josephine Shaffer</i>		Town <i>Cumtland</i>		County <i>...</i>		MARYLAND	
Died at <i>Cumtland</i>		Month <i>Dec</i>		Day <i>23</i>		Years <i>33</i>	
Date of death <i>1906 Dec 23</i>		Months <i>...</i>		Days <i>...</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>...</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>...</i>					
Father's Name <i>Madison Shaffer</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Mrs Madison Shaffer</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Mother</i>		How related to deceased <i>...</i>					

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

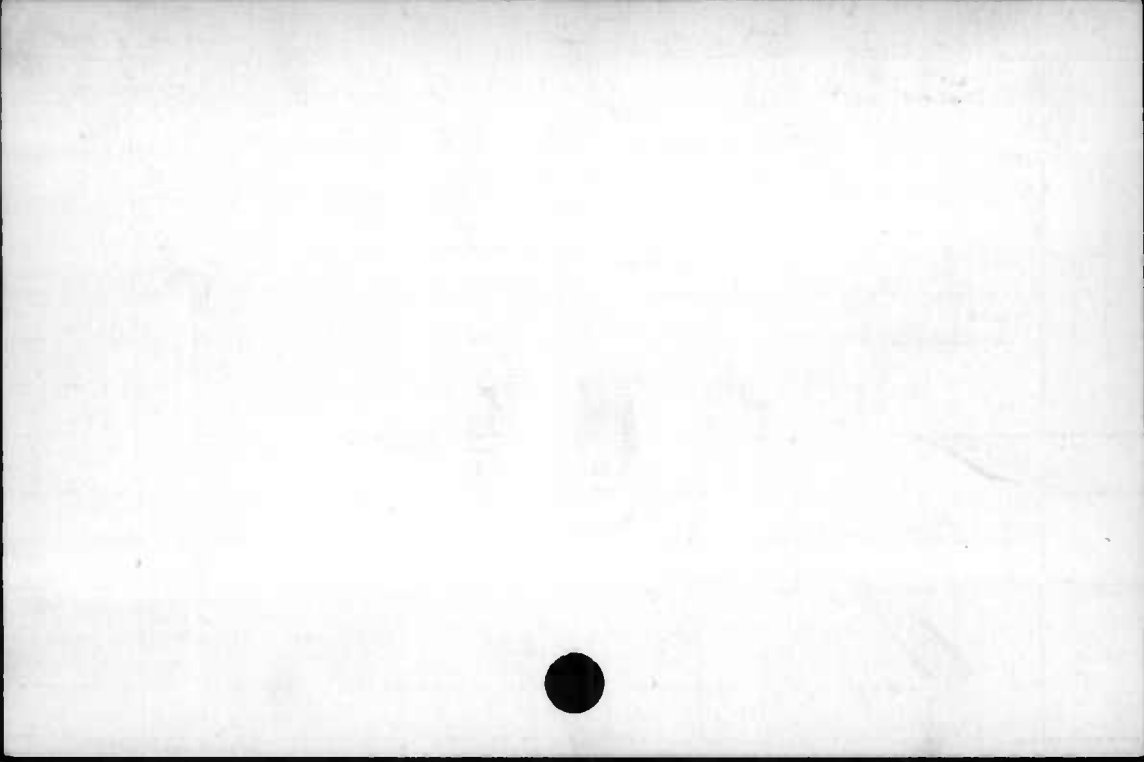
Primary <i>Typhoid & Tuberculosis</i>	How long <i>3 mo</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
full

Annie Soyster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumt-d</i> ^{Town}		County <i>Alleghany</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>10</i>	Age <i>26</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumt-d</i>		
Occupation <i>Wife</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>married</i>	Name of Wife Husband <i>George Soyster</i>				
Father's Name <i>Patrick Coffey</i>	Father's Birthplace <i>Cumt-d</i>				
Mother's Maiden Name <i>Julia Coffey</i>	Mother's Birthplace <i>Alleghany Co.</i>				
Name of person giving information <i>Patrick Coffey</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ruptured Ovarian cyst.</i>	How long
Immediate <i>Peritonitis</i>	How long <i>3 Mo.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E B Blake M.D.</i>
	Address <i>Cumt-d</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Allegany</i>		MARYLAND	
Date of death		Month <i>Dec</i>	Day <i>24</i>	Years <i>86</i>	Months <i>6</i>	Days <i>4</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>England</i>					
Occupation <i>House-keeper</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Benjamin Sperry</i>						
Father's Name <i>John Palmer</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>England</i>					
Name of person giving information <i>Joshua Sperry</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile debility</i>	How long	<i>Several years</i>
Immediate	<i>Cardiac exhaustion</i>	How long	<i>Short time</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. C. Clobey</i>	
<i>Yes</i>		Address <i>Frederick, Md.</i>	
Accident or Suicide?			
<i>No</i>			

to Mr
Allaphan County -

Name
In
Full

Catharine Stein

CERTIFICATE OF DEATH

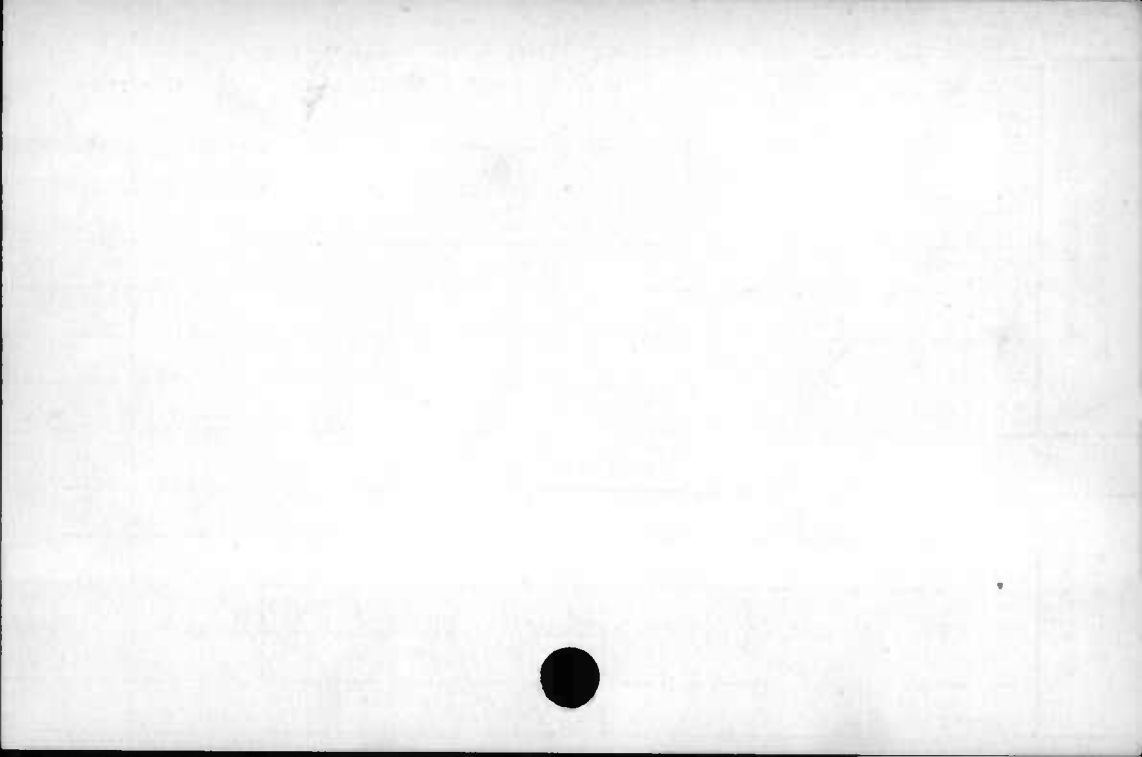
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumt-d</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Dec</i>	Day	<i>10</i>	Age	Years <i>76</i> Months <i>8-</i> Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birthplace	<i>Germany</i>
Occupation	<i>retired</i>			Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband <i>-</i>				
Father's Name	<i>-</i>					Father's Birthplace	
Mother's Maiden Name	<i>-</i>					Mother's Birthplace	
Name of person giving information	<i>Wm Stein</i>					How related to deceased <i>son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Stomach</i>	How long	<i>6 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. Josephine</i>
		Address	<i>Cumt-d and</i>
Accident or Suicide?	<i>Stem</i>		<i>Yoghilman</i>



Name
in
Full

Veronica Strohminges

CERTIFICATE OF DEATH

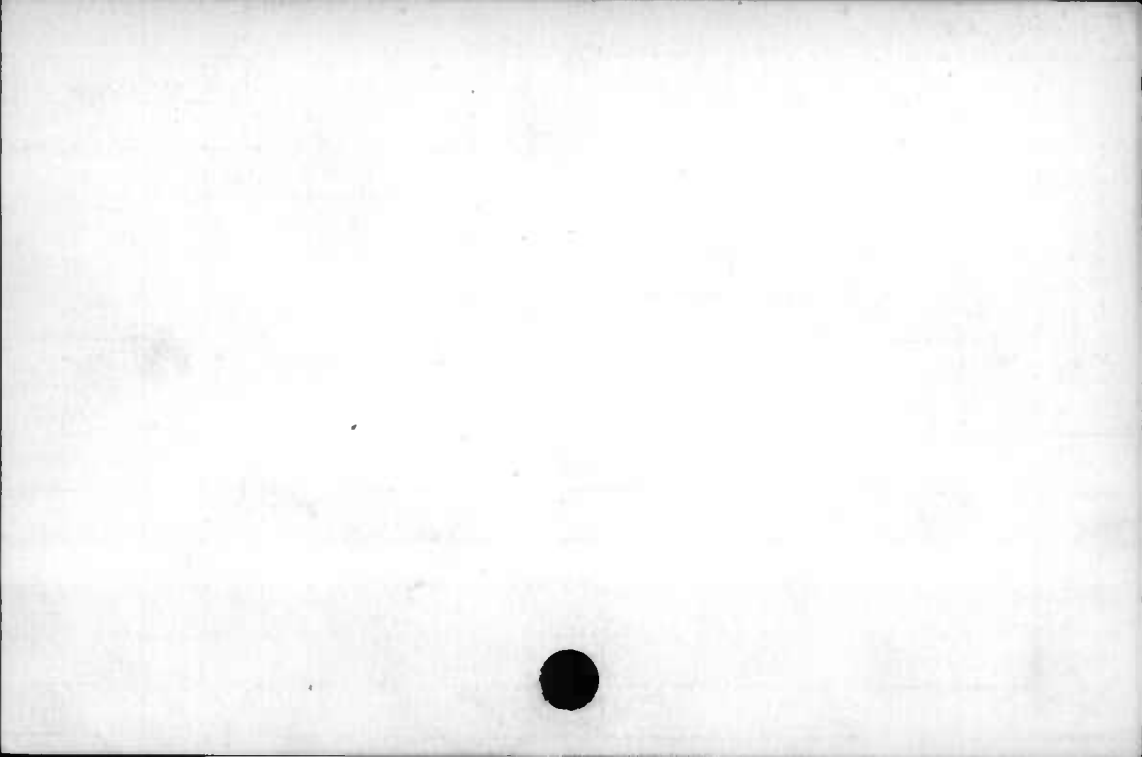
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumt'd</i>		County <i>Accagany</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>18</i>	Age <i>3</i>	Months <i>9</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumt'd</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Harry Strohminges</i>			Father's Birthplace <i>Cumt'd</i>		
Mother's Maiden Name <i>Marguerite Miller</i>			Mother's Birthplace <i>Cumt'd</i>		
Name of person giving information <i>Harry Strohminges</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inflammation of Bowels</i>	How long <i>3 days</i>
Immediate <i>Convulsions</i>	How long <i>3 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. Wilson</i>
<i>LOUIS STEIN</i>	Address <i>Cumberland Md.</i>
Accident or Suicide?	



Name
in
Full

Mary Tennent

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frostburg</u> ^{Town}		<u>Alley</u> ^{County}		MARYLAND	
Date of death	1906	Month	Dec	Day	6
Age		Years	70	Months	—
Sex		F	Color or Race	W	Birth-place
Occupation		none			
Where Residing if not at place of death		—			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Robt Tennent		Father's Birthplace	
Mother's Maiden Name		Emma Nickel		Mother's Birthplace	
Name of person giving in formation		Selma Tennent		How related to deceased	
				Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

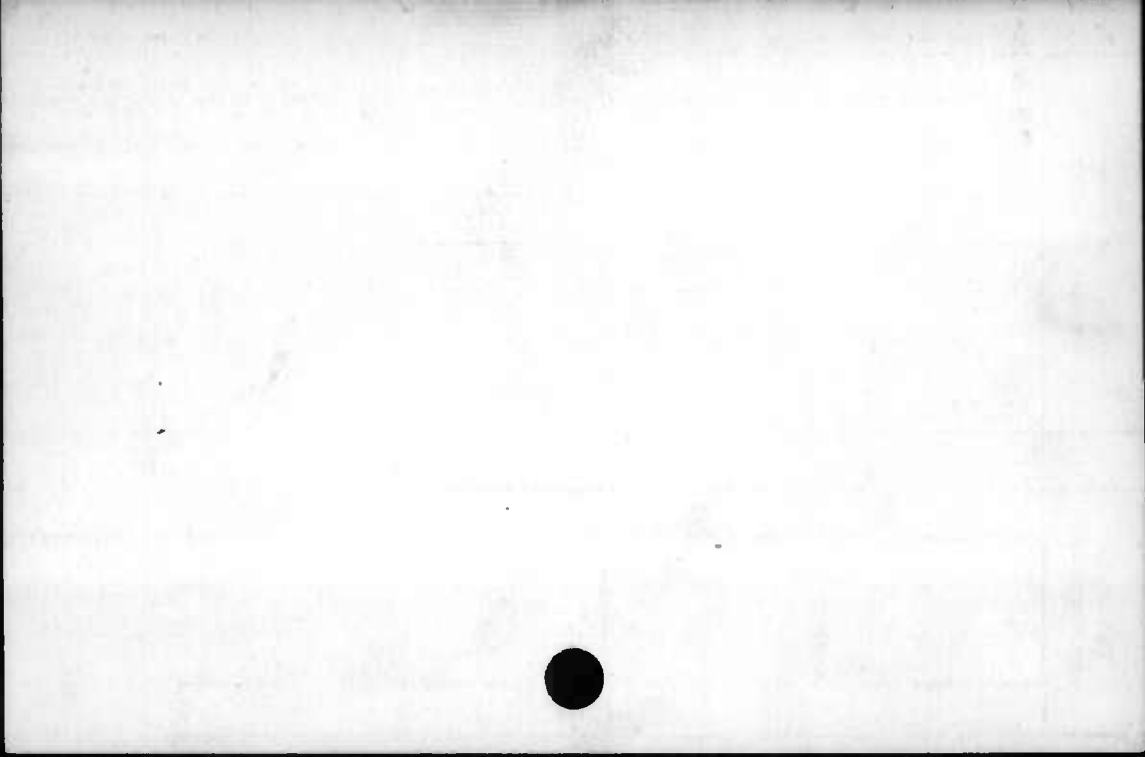
Primary	Nephritis	How long	Don't know
Immediate	Uremia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Frostburg Md	
Accident or Suicide?			

to Mr

Paray Bourgeois

To sitting

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cumberland</u> <small>Town</small>		<u>Allegany</u> <small>County</small>	
		Date of death <u>1906</u> <small>Month</small> <u>Dec</u> <small>Day</small> <u>17</u> <small>Age</small> <u>2</u> <small>Years</small> <u>5</u> <small>Months</small> <u>5</u> <small>Days</small>			
		Sex <u>Male</u>		Color or Race <u>White</u>	
		Occupation <u> </u>		Birth-place <u>Cumberland Md</u>	
		Where Residing if not at place of death <u> </u>			
		Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>	
		Father's Name <u>S H Kline</u>		Father's Birthplace <u>Md</u>	
		Mother's Maiden Name <u>Mary T Vincent</u>		Mother's Birthplace <u>Md</u>	
Name of person giving information <u>Mary T Vincent</u>		How related to deceased <u>Mother</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Pneumonia</u>		How long <u>One wk</u>	
		Immediate <u>meningitis</u>		How long <u>2 days</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E L Owens M.D.</u>	
				Address <u>Cumberland Md</u>	
Accident or Suicide? <u>no</u>					



Name
in
Full

William Earle Wagner

CERTIFICATE OF DEATH

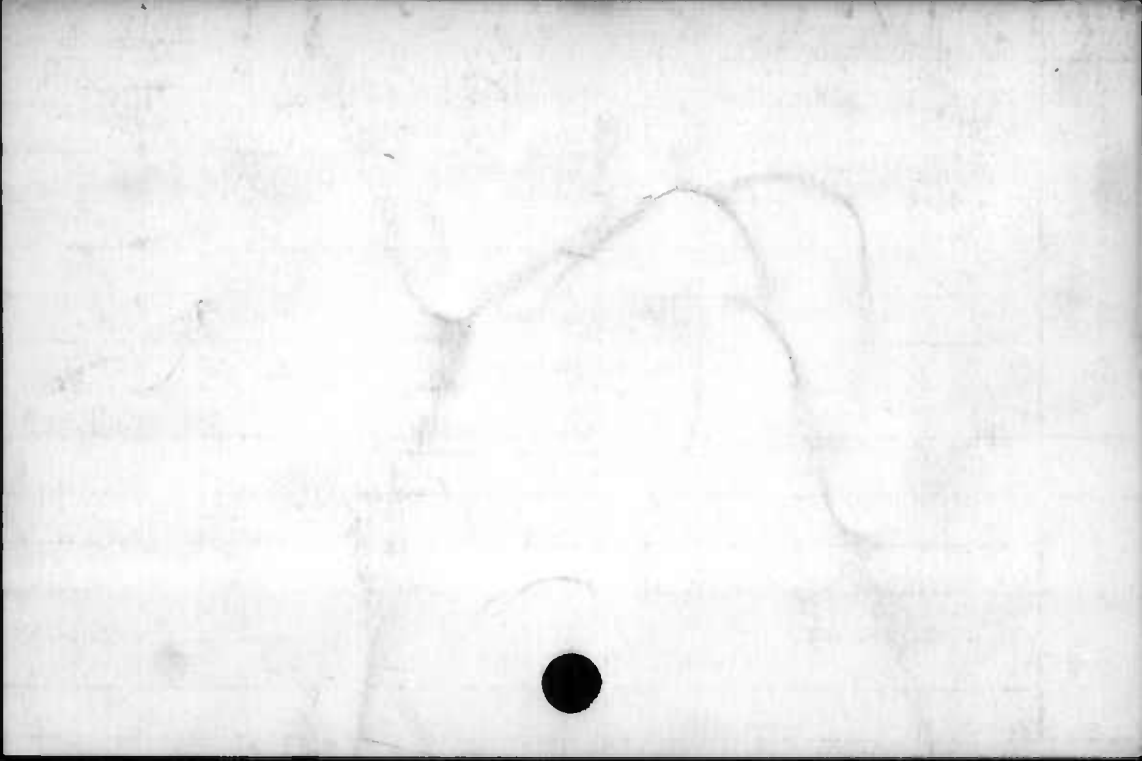
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland		^{County} Allegany		MARYLAND	
Date of death	1906	Month	Dec	Day	30
Age		Years	2	Months	4
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		John Wagner		Father's Birthplace W. Va	
Mother's Maiden Name		Sarah Guther		Mother's Birthplace N. Va.	
Name of person giving information		Sarah Wagner		How related to deceased Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Meningitis	How long	6 hours
Immediate	Exhaustion	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. R. Hodges M.D.
		Address	Cumberland, Ind
			Hodges
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. Rhoda Walters,

Town *Louisa* County *Allegheny* MARYLAND

Died at *Louisa*

Date of death 190*6* Month *Dec* Day *26* Age *70* Months *1* Days *1*

Sex *Female* Color or Race *White* Birthplace *Louisa*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Geo Walters (deceased)*

Father's Name *Samuel Miller* Father's Birthplace *Maryland*

Mother's Maiden Name *unknown* Mother's Birthplace *—*

Name of person giving information *John Walters* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Carcinoma of Stomach* How long *10* *Six Months*

140

Immediate *Insultion* How long *Two months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. A. Skilling*

Address *Louisa*

Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

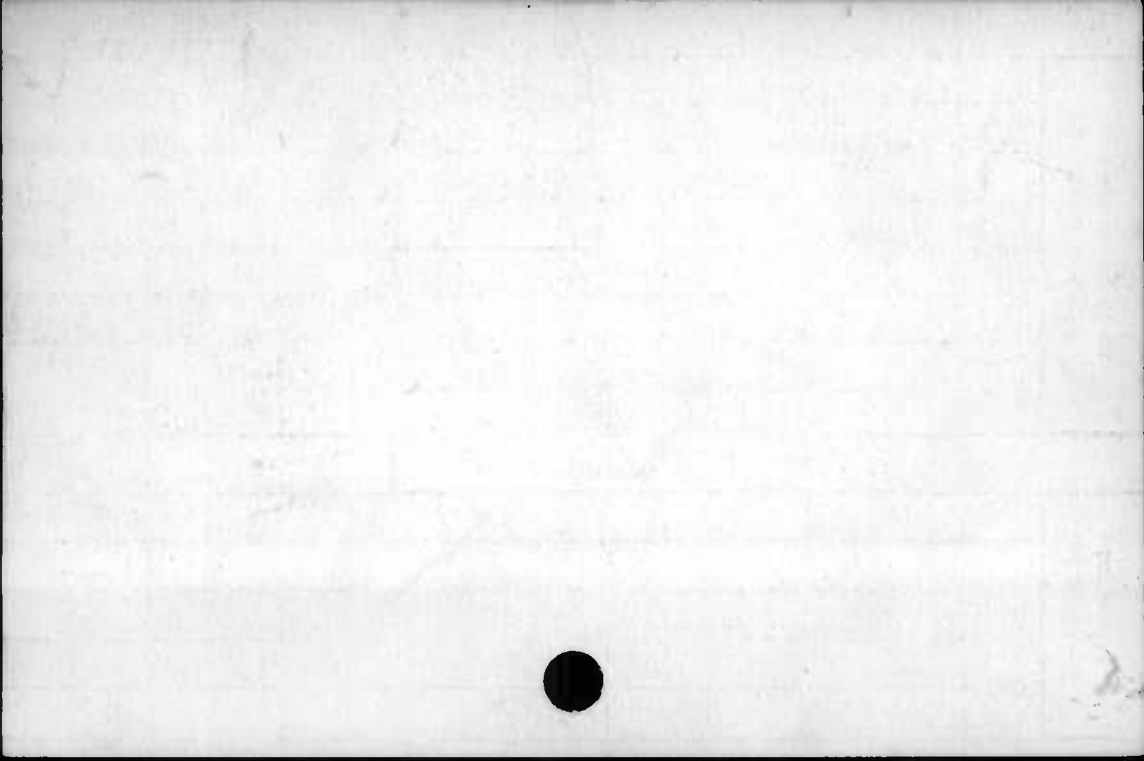
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtberland</i> ^{Town}		<i>Alleghany</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	<i>Dec.</i> ^{Month}	<i>30th</i> ^{Day}	Age <i>52</i> ^{Years}	<i>4</i> ^{Months}
					<i>19</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumtberd.</i>		
Occupation <i>Seamstress</i>	Where Residing if not at place of death <i>130 Bedford St.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Joseph St. Ways</i>	Father's Birthplace <i>Frederick, Md.</i>				
Mother's Maiden Name <i>Elizabeth Miller</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Mrs T. A. Reinhard</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>12</i> ^{years}
Immediate	<i>Coma</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. St. Brace</i>		
<i>(SSB)</i>	Address <i>Cumtberd Md</i>		
	Accident or Suicide?		



Name In Full		Bernard L. Zihl				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND 1	Died at	Twp Sarag		County Allegany		MARYLAND	
	Date of death 190	6	Dec	3	Age	Years	Months
	Sex	Male		Color or Race	W. White		Birth-place
	Married, Single or Widowed		Occupation		Twp Sarag, Md		
	Name of Wife or Husband						
	Father's Name	Peter Zihl			Father's Birthplace	W. Va	
Mother's Maiden Name	Virdie Youngblood			Mother's Birthplace	W. Va		
Name of person giving information	Peter Zihl			How related to deceased	Father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Infectious Mononucleosis			How long	30 minutes	
	Immediate	Acute Anemia			How long	30 minutes	
	Are the name, age, sex, color, date and place correctly given above?			yes			
	Signature of Physician			F. Alan S. Humphreys			
	Address			Twp Sarag, Md			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Int - Savage</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Dec</i>	Day <i>22</i>	Age <i>28</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>W. Va</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Peter Giler</i>					
Father's Name <i>Thomas Grumblood</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Fannie Gross</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Peter Giler</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Endocarditis</i>	How long <i>4 years</i>
Immediate <i>Pregnancy & confinement</i>	How long <i>3 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. Alan F. Murray M.D.</i>
	Address <i>Int Savage, Ind.</i>
Accident or Suicide?	

